

# PREA Facility Audit Report: Final

**Name of Facility:** Cimarron Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 09/26/2024

**Date Final Report Submitted:** 03/30/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 03/30/2025

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	08/20/2024
End Date of On-Site Audit:	08/23/2024

FACILITY INFORMATION	
Facility name:	Cimarron Correctional Facility
Facility physical address:	3200 South Kings Highway, Cushing, Oklahoma - 74023
Facility mailing address:	

Primary Contact
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	

<b>Facility Characteristics</b>
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<b>Designed facility capacity:</b>	1692
<b>Current population of facility:</b>	714
<b>Average daily population for the past 12 months:</b>	887
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both womens/girls and mens/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-73
<b>Facility security levels/inmate custody levels:</b>	Low/Moderate/ High
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	236
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	31
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	1

## AGENCY INFORMATION

<b>Name of agency:</b>	CoreCivic, Inc.
<b>Governing authority</b>	

<b>or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
<b>Mailing Address:</b>	
<b>Telephone number:</b>	615-263-3000

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Damon T. Hininger
<b>Email Address:</b>	
<b>Telephone Number:</b>	615-263-3000

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>		<b>Email Address:</b>	

<b>Facility AUDIT FINDINGS</b>	
<b>Summary of Audit Findings</b>	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	



## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-08-20
2. End date of the onsite portion of the audit:	2024-08-23

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1692
15. Average daily population for the past 12 months:	887
16. Number of inmate/resident/detainee housing units:	17
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	908
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	14
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	10
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	72
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	17

<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	5
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	5
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	79
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	236
<b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	1



32. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	28
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
34. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	15
35. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	The auditor ensured a geographically diverse sample among interviewees. The following random and targeted incarcerated individuals were selected from the housing units: four from AN, two from AS, two from BN, two from BS, two from CN, two from CS, one from DN, one from DS, two from EB, four from EC, four from ED, two from FC and two from G1.

<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Nineteen of the incarcerated individuals interviewed (random and targeted) were male, eight were female and three were transgender female. Four incarcerated individuals interviewed were black, eleven were white, eight were Hispanic and seven were another race/ethnicity. With regard to age, seven were eighteen to 25, nine were 26-35, ten were 36-45, three were 46-55 and one was 56 or older. 22 of the incarcerated individuals interviewed had been at the facility a year or less and eight had been at the facility between one and five years.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2

<b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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 checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	2

<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	3
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	4
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	3
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	The auditor reviewed housing assignments for high risk incarcerated individuals and those who reported sexual abuse.

<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	A few of the incarcerated individuals were interviewed utilizing more than one targeted interview protocol.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	14
<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<div> <input type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input checked="" type="checkbox"/> Rank (or equivalent)  <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </div>
<b>If "Other," describe:</b>	Race, gender, ethnicity
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<div> <input checked="" type="radio"/> Yes  <input type="radio"/> No </div>
<b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Security staff mainly make up two shifts; day shift works from 6:00am-6:00pm and night shift works from 6:00pm-6:00am. Nine staff were interviewed from day shift and five were interviewed from night shift. With regard to the demographics of the random staff interviewed: nine were male, four were female and one was non-binary. Twelve staff were white and two were Hispanic. Seven staff were Correctional Officers, three were Sergeants, one was a Lieutenant, two were Captains and one was a Unit Manager.

### Specialized Staff, Volunteers, and Contractor Interviews

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

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

23

**56. Were you able to interview the Agency Head?**

☒ Yes

☐ No

**57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?**

☒ Yes

☐ No

**58. Were you able to interview the PREA Coordinator?**

☒ Yes

☐ No

**59. Were you able to interview the PREA Compliance Manager?**

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



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

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

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**64. Did you have access to all areas of the facility?**

☒ Yes

☐ No

**Was the site review an active, inquiring process that included the following:**

**65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

☒ Yes

☐ No

**66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

☒ Yes

☐ No

**67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

☒ Yes

☐ No

**68. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes

☐ No

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

The on-site portion of the audit was conducted on August 20-23, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected incarcerated individuals and staff for interview as well as documents to review. The auditor conducted a tour of the facility on August 20, 2024. The tour included all areas associated with the facility including: housing units, laundry, intake, visitation, chapel, library, maintenance, food service, health services, recreation, commissary and storage. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for incarcerated individuals in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed that PREA information was posted via the PREA Hotline Poster, the I Have a Right Poster and the USMS PREA Bulletin. Additionally, the hotline number was observed to be painted above the phones in each housing unit. Further, a few housing units had the 14-2AA PREA Pamphlet posted. All postings were in English and Spanish. Most posters were on letter size paper, however the I Have a Right Poster was oversized with English and Spanish information on one poster. The painted hotline number was observed in oversize font. PREA information was also observed to be posted/painted in common areas across the facility. While all housing units has some form of PREA posted information, not all housing units had each poster. Further, victim advocacy information is only contained on the PREA Hotline Poster, which was not observed in each housing unit. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any PREA information observed on these resources.

During the tour the auditor viewed visitation and the front entrance area. The auditor

observed the Resident Concerns Poster in English on letter size paper. The auditor highly recommends that the facility post this information in Spanish as well.

During the tour the auditor confirmed the facility follows a staffing plan. All housing units are direct staff supervision and have at least one security staff member present. Staff were observed conducting rounds and performing official duties. Program, work and common areas either had a security staff member directly assigned or had a roving security staff member responsible for the area. In areas where security staff were not directly assigned, routine security checks were required. The auditor did not observe any apparent blind spots. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds typically every few hours and supervisors make rounds at least once a day. Informal conversation with incarcerated individuals also confirmed that security staff make rounds frequently and they see a supervisor during the day. A review of the video monitoring technology confirmed that cameras were in housing units and common areas. Video monitoring was observed to be utilized to supplement security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Central Control staff monitor the video cameras 24 hours a day, seven days a week. Administrative level staff, supervisors, investigators and security threat group staff also can view the cameras.

With regard to cross gender viewing, the auditor confirmed that housing units provided privacy through shower curtains and cell

doors. Informal conversation with staff and incarcerated individuals confirmed that incarcerated individuals have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation and the segregated housing unit. All three areas provided adequate privacy during searches. A review of video monitoring technology confirmed there were zero cross gender viewing issues. The cameras in the observation cells were observed with a black box over the toilet area. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each housing unit. The announcement was verbal and in English. Informal conversation with staff and incarcerated individuals indicated that the opposite gender announcement is routinely made.

Incarcerated individual medical records are electronic. Electronic medical records are only accessible to medical and mental health care staff and are maintained in a separate system from other records. Risk assessment information is electronic. During the on-site portion of the audit, the auditor had a security staff member pull up the electronic risk screening system to show what information could be viewed. The auditor observed that the security staff member did not have access to the risk screening form but could view the overall risk screening designation. Investigative files are electronic and paper. Paper investigations are maintained in the investigators locked office. Electronic investigative records are only accessible to investigative staff via the investigative database.

During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in the boxes in the housing units. They also can provide mail to the staff. None of the boxes were specific to sexual

abuse or sexual harassment allegations. Incarcerated individuals have the ability to purchase writing materials through commissary and the facility has a policy for indigent incarcerated individuals. Incoming mail is picked up and then sorted. Regular mail is opened, read/scanned and a copy of the mail is made. Incarcerated individuals are provided the copy of the mail. Legal mail is verified and logged. Legal mail is delivered to the incarcerated individual who opens the mail in front of staff so they can inspect it for contraband. Outgoing mail is collected daily. Staff go through all regular mail and read all regular mail. Legal mail is inspected to ensure there is not any contraband but is not read. The interview with the mailroom staff indicated correspondence with Cushing Police Department and the local rape crisis center is treated as legal mail.

The auditor observed the intake process through a demonstration. Incarcerated individuals are provided a copy of the Handbook (available in English and Spanish) and the 14-2AA Pamphlet. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed at the booking counter. The auditor observed that this area did not provide adequate privacy as the incarcerated individual was seated out in the open with other staff and incarcerated individuals. The booking staff ask the incarcerated individual questions on the electronic form, including if they were ever a victim, if they feel vulnerable, if they identify as LGBTIQ, if they have any prior sexual charges, if they have any violent offense, if they have a gang affiliation and if they have any discipline while incarcerated. The staff use the response from the incarcerated



individual and do not conduct any type of file review.

The auditor had staff provide a demonstration of the reassessment process. Reassessments are completed by counselors. The staff advise the incarcerated individual they will be going over the questions they asked at intake. Staff pull up the electronic questions and then ask them the yes or no questions on the form. Staff indicated they do a quick check about violent offenses before they conduct the risk screening but the remainder is self-disclosure.

During the tour the auditor tested the internal reporting mechanisms. The auditor had an incarcerated individual assist with calling the hotline via the speed dial number. The auditor left a message on the voicemail on August 20, 2024. Confirmation was provided by the Warden on the same date that the call was received. He illustrated he received the information via text message. The auditor also submitted a written report via a locked mailbox in the housing unit. The auditor had an incarcerated individual assist with completing a form on August 20, 2024. The auditor received confirmation that the document was received on August 21, 2024. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any reporting methods available to them through these resources.

The auditor tested the external reporting mechanism via a letter to the Cushing Police Department. The auditor sent the letter on August 20, 2024 via the facility mail. The auditor received a call on August 27, 2024 from the Cushing Police Department Chief confirming the letter was received. He advised if an allegation was reported he would notify the Warden at the facility. He also stated anything that was not criminal in nature would be referred back to the facility for investigation. He advised incarcerated

individuals can remain anonymous when reporting.

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

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

The auditor tested access to emotional support services through the speed dial number for Wings of Hope. The auditor reached a live staff member. The staff member indicated that the hotline is utilized for people in danger or crisis and they would not be able to provide services to incarcerated individuals calling the number. The staff further advised that they would forward the incarcerated individual to the 988 hotline for services or they would refer them to "PREA". The auditor attempted to determine what the staff meant by "PREA" and the staff was unsure. Wings of Hope staff just continued to say she would refer to "PREA". The auditor confirmed there were issues with services from this organization.

The auditor observed the comprehensive PREA education process is completed during

intake. Incarcerated individuals are provided a copy of the Handbook and the 14-2AA Pamphlet. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. The auditor observed that the video is played on a 36 inch television. The audio is difficult to hear with the placement and other activities occurring. During the 30 day reassessment staff provide the 14-2AA Pamphlet, however they do not go over any information. The auditor confirmed this process was not adequate as it was not structured, no facility specific information was provided and it was difficult to hear/watch in the holding cell environment.

During incarcerated individual interviews the auditor utilized the language service for LEP incarcerated individual interviews. The auditor was provided the call in number. The auditor provided a pin number and other identifying information and was then prompted to select a language. An over the phone interpreter was then utilized to interpret questions during the interviews.

### Documentation Sampling

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

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

☒ Yes

☐ No



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

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

Personnel and Training Files. The auditor reviewed a random sample of 41 personnel and/or training files that included six individuals hired within the previous twelve months, three contractors hired in the previous twelve months, five staff employed longer than five years and three staff promoted in the previous twelve months. The sample reviewed included six contractors, one volunteer and seven medical and mental health care staff.

Incarcerated Individual Files. A total of 43 incarcerated individual files were reviewed. 32 incarcerated individual files were of those that arrived within the previous twelve months, four were LEP incarcerated individuals, four were disabled incarcerated individuals, four were transgender incarcerated individual, eleven were identified with prior sexual victimization during the risk screening and four had a history of prior abusiveness identified during the risk screening.

Medical and Mental Health Records. The auditor reviewed medical and mental health records for seventeen incarcerated individual victims of sexual abuse and/or sexual harassment as well as mental health documents for the eleven incarcerated individuals who disclosed victimization during the risk screening and four incarcerated individuals identified with prior sexual abusiveness during the risk screening.

Grievances. The agency does not have a grievance process for sexual abuse allegations. The auditor reviewed the grievance log and sample grievances to

ensure any information obtained via grievance was forwarded for investigation.

Incident Reports. The auditor reviewed incident reports for the seventeen investigations reviewed. The auditor also reviewed the serious incident log.

Investigation Files. The auditor reviewed seventeen investigative reports. Thirteen were sexual abuse, three were sexual harassment and one did not rise to the level of sexual abuse or sexual harassment. All seventeen had an administrative investigation completed. There were zero criminal investigation available for review.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	7	0	7	0
<b>Staff-on-inmate sexual abuse</b>	17	0	17	0
<b>Total</b>	24	0	24	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	6	0	6	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	7	0	7	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	4	2	1
<b>Staff-on-inmate sexual abuse</b>	0	13	2	2
<b>Total</b>	0	18	4	3

### 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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	4	2	0
<b>Staff-on-inmate sexual harassment</b>	0	1	0	0
<b>Total</b>	0	5	2	0

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

**Sexual Abuse Investigation Files Selected for Review**

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

13

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	6
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	7
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



**Staff-on-inmate sexual harassment investigation files**

**91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

1

**92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

No text provided.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

**95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No



## Non-certified Support Staff

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

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>Pre-Audit Questionnaire</li> <li>CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>CoreCivic Policy 13-79 Sexual Assault Response</li> <li>Human Rights Policy Statement</li> <li>14-2AA PREA Pamphlet</li> <li>PREA Zero Tolerance Policy Acknowledgement</li> <li>PREA Coordinator Position Description</li> <li>CoreCivic Organizational Chart</li> </ol>

## 9. Facility Organizational Chart

### Interviews:

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

### Findings (By Provision):

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

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

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

	<p>115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ stated that the PCM's position at the facility is the Assistant Warden and the PREA Compliance Manager reports to the Warden. The facility's organizational chart confirms that the Assistant Warden is responsible for PREA compliance and that the position reports to the Warden. The interview with the PREA Compliance Manager indicated that she does not have enough time to manage all of her PREA related responsibilities. She stated her role in ensuring compliance involves walking around the facility and talking to staff as well as checking to make certain things are being done. This includes checking for signage, ensuring records are signed and correct and discussing PREA with staff. The PCM stated if she identifies an issue complying with a standard she would start with the Quality Assurance staff member and they would review policy. She indicated she would then work with the agency PC on compliance. It should be noted that while the PC indicated she did not have enough time to manager her responsibilities the majority of the duties observed by the auditor were delegated to numerous staff within the facility, with most falling on the Quality Assurance staff member. These staff appeared to be knowledgeable on PREA and did well with ensuring compliance. The auditor observed that the PCM had limited involvement with PREA and most of these duties fell on other staff. Additionally, during the interview with the PCM she was unfamiliar with many of the policies and procedures related to PREA compliance, the PREA standards and the agency/facility PREA policy.</p> <p>Based on a review of the PAQ, CoreCivic Policy 14-2, CoreCivic Policy13-79, the agency's organization chart, the facility's organizational chart, the 14-2AA PREA Pamphlet, the PC position description, the Human Rights Policy Statement and information from the interviews with the PC and PCM, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility review the position of PCM and determine if the staff is appropriate. If the staff remains the same, the auditor highly recommends additional training with the individual. Further, the auditor highly recommends that the PCM be more involved with PREA compliance at the facility, rather than delegating all the duties.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

5. Annual PREA Staffing Plan Assessment (14-21)

6. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden

2. Interview with the PREA Compliance Manager

3. Interview with the PREA Coordinator

4. Interviews with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels

2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): 14-2 Sexual Abuse Prevention and Response, page 7 addresses the agency's staffing plan development. Specifically, it states that the facility, in coordination with CoreCivic Facility Support Center (FSC), shall develop an annual staffing plan that provides for adequate levels of staffing to protect incarcerated individuals/detainees against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the incarcerated individual/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based on 1102 incarcerated individuals and the average daily population over the previous twelve months was 909. The facility employs 236 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of the 2024 staffing plan indicates that each shift has a Shift Supervisor and at least one Correctional Officer in each of the housing units. Additional Correctional Officers are assigned to other areas to include recreation, medical, central control, intake,

visitation, laundry and kitchen. While the staffing plan does not include narrative related to the elements under this provision, the Annual PREA Staffing Plan Assessments, which is part of the staffing plan each year, contains the elements under this provision. The document illustrates that the elements under this provision are reviewed annually and any changes to staffing or request to change staffing is documented on the form. During the tour the auditor confirmed the facility follows a staffing plan. All housing units are direct staff supervision and have at least one security staff member present. Staff were observed conducting rounds and performing official duties. Program, work and common areas either had a security staff member directly assigned or had a roving security staff member responsible for the area. In areas where security staff were not directly assigned, routine security checks were required. The auditor did not observe any apparent blind spots. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds typically every few hours and supervisors make rounds at least once a day. Informal conversation with incarcerated individuals also confirmed that security staff make rounds frequently and they see a supervisor during the day. A review of the video monitoring technology confirmed that cameras were in housing units and common areas. Video monitoring was observed to be utilized to supplement security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Central Control staff monitor the video cameras 24 hours a day, seven days a week. Administrative level staff, supervisors, investigators and security threat group staff also can view the cameras. The interview with the Warden indicated that the facility has a staffing plan that provides adequate staffing levels to protect incarcerated individuals from sexual abuse. He advised they identify the minimal amount of staff necessary to protect the population and that the facility far exceeds that minimum. The Warden advised video monitoring technology is part of the staffing plan and he confirmed the staffing plan is documented. The Warden advised the staffing plan is based on physical plant, including housing units, capacity, programs and work areas. He stated it is also based on size, contracts, mission, posts, etc. He confirmed elements under this provision are considered in the staffing plan. The Warden advised he checks for compliance with the staffing plan through roster reviews, facility tours and the master scheduler. The PCM stated that the agency tells the facility what is their appropriate staffing. She advised she did not believe the staffing was adequate and that she was not sure that the agency spends time at the facility or takes into consideration housing at the facility. It should be noted that while the PCM indicated staffing was not adequate, the auditor observed staffing was adequate. All housing units had at least one staff with direct staff supervision and numerous additional staff were observed present and making rounds in housing, work and common areas. The facility appeared to be staffed better than many facilities previously visited by the auditor.

115.13 (b): The PAQ stated that this provision does not apply as the facility had not



deviated from the staffing plan. 14-2 Sexual Abuse Prevention and Response, page 8 states that the PCM shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. The interview with the Warden confirmed that deviations from the staffing plan are documented on a 5-1C (incident report). He advised they have not had any deviations since he has been Warden.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 14-2 Sexual Abuse Prevention and Response, page 7 states that the facility PCM will complete the 14-21 Annual PREA Staffing Plan Assessment and forward it to the Warden/Facility Administrator for review. Upon completion of the Warden/Facility Administrator's review, the 14-21 Annual Staffing Plan Assessment will be forwarded to the FSC PREA Coordinator. Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technology; and the resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on June 19, 2024 by the PCM, Warden and PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The prior annual reviews was completed on May 3, 2023. The PC confirmed she is consulted regarding any assessments of, or adjustment to the staffing plan. She confirmed she is consulted annually or when there has been a significant change that would require re-evaluation of the plan.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further stated that these rounds are documented and cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 14-2 Sexual Abuse Prevention and Response, page 7 states that intermediate level and/or upper level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrences of such rounds shall be documented as unannounced rounds or "PREA Rounds" in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where incarcerated individuals/detainees are permitted. Additionally, it states that employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of unannounced rounds for six requested

	<p>weeks confirmed that unannounced rounds were made on both shifts in each housing unit. Unannounced rounds were documented daily by Shift Supervisors, which exceeds the requirement of this provision. Additionally, administrative level staff were documented with unannounced rounds at least a few times each week. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds and they document the rounds in the log book. The staff indicated that they do not tell staff where they are going and there is not a pattern related to the rounds.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the staffing plan, Deviations from Staffing Plan (5-1B), Annual PREA Staffing Plan Assessment (14-21), documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.</p>
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<b>115.14 Youthful inmates</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. CoreCivic Policy 18-2 Classification and Incarcerated individual/Detainee Management</li> <li>4. 20-100-JUV – Detainee Services and Programs – Recreation/Leisure Time and Other Programs</li> <li>5. Population Age Reports</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations in Housing Units</li> </ol> <p>Findings (By Provision):</p>

115.14 (a): The PAQ indicated the facility prohibits placing youthful incarcerated individuals in a housing unit in which a youthful incarcerated individual will have sight, sound, or physical contact with any adult incarcerated individual through use of a shared dayroom or other common space, shower area, or sleeping quarters. The PAQ stated the facility has housing units to which youthful incarcerated individuals are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. The PAQ noted that youthful incarcerated individuals are not placed in the same housing unit as adults. The PAQ stated that there are ten housing units where youthful incarcerated individuals are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers and sleeping quarters. 18-2 Classification and Incarcerated individual/Detainee Management page 5 states youthful offenders will be housed in a specialized unit for youthful offenders, having no more than incidental sight or sound contact with adult incarcerated individuals/detainees from outside the unit in living, program, dining, or other common areas of the facility. Any other sight or sound contact is minimized, brief, and in conformance with applicable legal requirements. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states youthful incarcerated individuals shall not be placed in a housing unit in which the youthful incarcerated individual will have sight, sound or physical contact with any adult incarcerated individual through use of a shared dayroom or other common space, shower area, or sleeping quarters. During the tour the auditor observed a separate housing unit for juvenile incarcerated individuals. This housing unit has sight, sound and physical separation from adults. It should be noted that the facility houses juveniles that are over the age of eighteen. A review of population age reports confirmed there have been no incarcerated individuals under eighteen housed at the facility during the previous twelve months. The facility advised they have not housed anyone under eighteen, but they do house "juveniles".

115.14 (b): The PAQ indicated that the facility maintains sight, sound and physical separation between youthful incarcerated individuals and adult incarcerated individuals in areas outside housing units. It further noted that the agency always provides direct staff supervision in areas outside housing units where youthful incarcerated individuals have sight, sound or physical contact with adult incarcerated individuals. 18-2 Classification and Incarcerated individual/Detainee Management page 5 states youthful offenders will be housed in a specialized unit for youthful offenders, having no more than incidental sight or sound contact with adult incarcerated individuals/detainees from outside the unit in living, program, dining, or other common areas of the facility. Any other sight or sound contact is minimized, brief, and in conformance with applicable legal requirements. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states in areas outside of housing units, agencies shall either maintain sight and sound separation between youthful incarcerated individuals and adult incarcerated individuals, or provide direct staff supervision when youthful incarcerated individuals and adult incarcerated individuals have sight, sound, or physical contact. During the tour the auditor observed a

	<p>separate housing unit for juvenile incarcerated individuals. This housing unit has sight, sound and physical separation from adults. It should be noted that the facility houses juveniles that are over the age of eighteen. A review of population age reports confirmed there have been no incarcerated individuals under eighteen housed at the facility during the previous twelve months. The facility advised they have not housed anyone under eighteen, but they do house “juveniles”.</p> <p>115.14 (c): The PAQ indicated the facility documents the exigent circumstances for each instance in which youthful incarcerated individuals' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. It noted there were zero youthful incarcerated individuals who have been placed in isolation in order to separate them from adult incarcerated individuals. 20-100-JUV, page 2 states juvenile detainees will be afforded the opportunity to engage in large muscle activity, outside when weather permits, for at least one hour per day, seven days a week, unless specifically restricted for good cause. The juvenile program schedule shows at least fourteen hours of out of cell activities each day. Page 3 further states if any juvenile detainee or group of juvenile detainees is denied the recreation or leisure time period, documentation exists that verified that the denial is based on good cause in relation to security needs. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states the facility shall make its best effort to avoid placing youthful incarcerated individuals in isolation to comply with this provision. Absent exigent circumstances, facilities shall not deny youthful incarcerated individuals daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful incarcerated individuals shall also have access to other programs and work opportunities to the extent possible. During the tour the auditor observed a separate housing unit for juvenile incarcerated individuals. This housing unit has sight, sound and physical separation from adults. It should be noted that the facility houses juveniles that are over the age of eighteen. A review of population age reports confirmed there have been no incarcerated individuals under eighteen housed at the facility during the previous twelve months. The facility advised they have not housed anyone under eighteen, but they do house “juveniles”.</p> <p>Based on a review of the PAQ, 18-2 Classification and Incarcerated individual/ Detainee Management, 20-100-JUV, 14-2 Sexual Abuse Prevention and Response (Policy Change Notice), population age reports, and observations made during the tour this standard appears to be not applicable and as such compliant.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
4. CoreCivic Policy 9-5 Searches of Inmates
5. Search Procedures Facilitator Guide
6. Staff Training Records

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Incarcerated Individuals
3. Interviews with Transgender/Intersex Incarcerated Individuals

Site Review Observations:

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

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of incarcerated individuals. The PAQ stated there has been one searches of this kind in the previous twelve months. 14-2 Sexual Abuse Prevention and Response, page 14 states cross-gender incarcerated individual/detainee strip searches (male staff on female incarcerated individual/detainee, or, female staff on male incarcerated individual/detainee) shall not be conducted except in exigent circumstances, or when performed by medical practitioners. Body cavity searches will only be conducted by a medical professional and shall take place in an area that affords privacy from other incarcerated individuals/detainees and from facility staff who are not involved in the search. Staff of the opposite gender, other than a designated qualified medical professional, shall not observe a body cavity search. 9-5 Searches of Inmates, pages 3-4 state conducting cross-gender strip searches is prohibited, except in temporary unforeseen circumstances that require

immediate action in order to combat a threat to the security or institutional order of a facility. Any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration (NTA). Additionally, page 4 states except in emergency situations, visual inspections of the incarcerated individual/detainee body cavities may be conducted by officers of the same sex, in private, and based on reasonable belief that the incarcerated individual/detainee is carrying contraband or other prohibited material within the cavity. Page 5 outlines that all visual inspections of the rectum/ vagina must be documented (e.g., post logbook, designated form, etc.) and maintained in accordance with CoreCivic Policy 1-15 Retention of Records.

115.15 (b): The PAQ indicated the facility does not permit cross-gender pat-down searches of female incarcerated individuals, absent exigent circumstances and the facility does not restrict female incarcerated individuals' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. 14-2 Sexual Abuse Prevention and Response, page 14 states that pat searches of female incarcerated individuals/detainees by male staff are prohibited except in exigent circumstances. The facility shall not restrict female incarcerated individual/detainee access to regularly available programming or out of cell opportunities in order to comply with this provision. 9-5 Searches of Inmates, page 3 states conducting cross-gender (male employee to female incarcerated individual/detainee) pat searches is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility, and as authorized by the Shift Supervisor or higher authority. Any occurrence of such pat searches will be documented in the CoreCivic Policy 5-1 Incident Reporting administration process (form 5-1B Notice to Administration [NTA]). The PAQ indicated that zero female incarcerated individuals were pat searched by male staff. Interviews with eight female incarcerated individuals and three transgender female incarcerated individuals indicated that none had ever been restricted from access to regularly available programming or out of cell opportunities. Interviews with staff confirmed that none were aware of a time where female incarcerated individuals had ever been restricted from access to regularly available programming or out of cell opportunities in order to comply with this provision.

115.15 (c): The PAQ stated that facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Additionally, the PAQ indicated that facility policy requires that all cross-gender pat-down searches of female incarcerated individuals be documented. 14-2 Sexual Abuse Prevention and Response, page 14 states that whenever a cross-gender pat search of a female incarcerated individual/detainee, cross gender body cavity inspection of any incarcerated individual/detainee, cross-gender strip search of any incarcerated individual/detainee, or body cavity search of any incarcerated individual/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B Notice to Administration (NTA) in accordance

with CoreCivic Policy 5-1 Incident Reporting. Details of the exigent circumstances must be included in all log entries and 5-1B Notices. 9-5 Searches of Inmates, pages 3-4 state conducting cross-gender strip searches is prohibited, except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration (NTA). Additionally, page 4 states except in emergency situations, visual inspections of the incarcerated individual/detainee body cavities may be conducted by officers of the same sex, in private, and based on reasonable belief that the incarcerated individual/detainee is carrying contraband or other prohibited material within the cavity. Page 5 outlines that all visual inspections of the rectum/vagina must be documented (e.g., post logbook, designated form, etc.) and maintained in accordance with CoreCivic Policy 1-15 Retention of Records. Page 3 also states conducting cross-gender (male employee to female incarcerated individual/detainee) pat searches is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility, and as authorized by the Shift Supervisor or higher authority. Any occurrence of such pat searches will be documented in the CoreCivic Policy 5-1 Incident Reporting administration process (form 5-1B Notice to Administration [NTA]).

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable incarcerated individuals to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 14-2 Sexual Abuse Prevention and Response, page 14 states that incarcerated individuals/detainees may shower, perform bodily function, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell/living quarter checks. Additionally, it states that staff of the opposite gender are required to announce their presence when entering an incarcerated individual/detainee housing unit. Where a large housing unit is broken into several individual smaller units such as pods, cell-blocks, dorms, etc. the staff member must announce as he/she enters each of the smaller units. With regard to cross gender viewing, the auditor confirmed that housing units provided privacy through shower curtains and cell doors. Informal conversation with staff and incarcerated individuals confirmed that incarcerated individuals have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation and the segregated housing unit. All three areas provided adequate privacy during searches. A review of video monitoring technology confirmed there were zero cross gender viewing issues. The cameras in the observation cells were observed with a black box over the toilet area. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each housing unit. The announcement was verbal and in English. Informal conversation with staff and incarcerated individuals



indicated that the opposite gender announcement is routinely made. Interviews with 30 incarcerated individuals indicated that all 30 had never been naked in front of a staff member of the opposite gender and as such are provided privacy when showering, using the restroom and changing their clothes. All fourteen of the staff interviewed confirmed that incarcerated individuals have privacy when showering, using the restroom and changing their clothes. Additionally, all fourteen staff indicated that staff of the opposite gender announce prior to entering an incarcerated individual housing/living area. 25 of the 30 incarcerated individuals interviewed confirmed that staff of the opposite gender announce prior to entering incarcerated individual living areas.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status and that no searches of this nature have occurred within the previous twelve months. 14-2 Sexual Abuse Prevention and Response, page 15 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 3 state that the facility shall not search or physically examine a transgender or intersex incarcerated individual/detainee for the sole purpose of determining the incarcerated individual/detainee's genital status. If the incarcerated individual/detainee's genital status is unknown, it may be determined during conversation with the incarcerated individual/detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with fourteen staff indicated thirteen were aware of a policy prohibiting searching a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individuals' genital status. Interviews with transgender incarcerated individuals indicated none felt they had been searched for the sole purpose of determining their genital status.

115.15 (f): 9-5 Searches of Incarcerated individuals, page 1, states that security staff shall be trained in how to conduct searches of transgender and intersex incarcerated individuals while page 2 states that security staff shall be trained in how to conduct cross gender frisk/pat down searches. 14-2 Sexual Abuse Prevention and Response, page 15 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 4, states that all searches of transgender and intersex incarcerated individuals/detainees shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. 14-2 Sexual Abuse Prevention and Response, states that there are four options for pat searches and strip searches of transgender or intersex incarcerated individuals/detainees: pat searches conducted only by female staff; asking incarcerated individuals/detainees identified as transgender or intersex to identify the gender of staff with whom they would feel most comfortable conducting the pat search and/or strip search; pat searches and strip searches conducted in accordance with the incarcerated individual/detainee's gender identity

	<p>and pat searches and strip searches conducted only by medical staff. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex incarcerated individuals. A review of the Search Procedures Facilitators Guide notes that it outlines how to conduct appropriate pat searches and strip searches on male and female incarcerated individuals. It also outlines how transgender and intersex incarcerated individuals are searched Slide 6 specifically notes how these searches should be done professionally and respectfully. Additionally, the training outlines that transgender and intersex incarcerated individuals are searched by staff of the same gender in which they identify. A review of fourteen staff training records indicated all fourteen had received the training. Interviews with fourteen staff confirmed they all had received training on how to conduct cross gender pat searches and searches of transgender and intersex incarcerated individuals. Interviews with transgender and intersex incarcerated individuals indicated all had searches performed professionally and respectfully. Two of the three advised they are searched by staff of the gender of which they prefer.</p> <p>Based on a review of the PAQ, 14-1 Sexual Abuse Prevention and Response, 9-5 Searches of Inmates, 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, Search Procedures Facilitator Guide, staff training records, observations made during the tour and information from interviews with random staff, random incarcerated individuals and transgender and intersex incarcerated individuals, this standard appears to be compliant.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. PREA What You Need to Know Video &amp; Transcript</li> <li>4. Voyance Language Poster</li> <li>5. Voyance Service Agreement</li> <li>6. 14-2AA PREA Pamphlet</li> <li>7. Detainee Handbook (Handbook)</li> </ol>

8. PREA Hotline Poster
9. USMS PREA Bulletin
10. I Have a Right Poster

Interviews:

1. Interview with the Agency Head Designee
2. Interviews with LEP and Disabled Incarcerated Individuals
3. Interviews with Random Staff

Site Review Observations:

1. Observations of Posted Information

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled incarcerated individuals an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, pages 11-12, state that the facility shall take appropriate steps to ensure that incarcerated individual/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and response to sexual abuse and sexual harassment. Specifically it indicates that incarcerated individuals/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the incarcerated individual/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to incarcerated individuals/detainees with limited reading skills. In the event an incarcerated individual/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such incarcerated individual/detainees on an individual basis. The policy further elaborates and states that there are three TTY auxiliary aids available for detainees with disabilities. The agency has a contract with Voyce. The company offers services through video remote interpreting (VRI) and voice only interpreting (VOI). A review of the Handbook, 14-2AA PREA Pamphlet, PREA Hotline Poster, USMS PREA Bulletin and

the I Have a Right Poster confirmed that documents can be made available in larger font and bright colors. The interview with the Agency Head Designee indicated the agency has established procedures to provide incarcerated individuals with disabilities and incarcerated individuals who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for incarcerated individuals with disabilities. He stated that the agency maintains a comprehensive contract with LanguageLine and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those incarcerated individuals who are blind. The auditor observed that PREA information was posted via the PREA Hotline Poster, the I Have a Right Poster and the USMS PREA Bulletin. Additionally, the hotline number was observed to be painted above the phones in each housing unit. Further, a few housing units had the 14-2AA PREA Pamphlet posted. All postings were in English and Spanish. Most posters were on letter size paper, however the I Have a Right Poster was oversized with English and Spanish information on one poster. The painted hotline number was observed in oversize font. PREA information was also observed to be posted/painted in common areas across the facility. While all housing units has some form of PREA posted information, not all housing units had each poster. Further, victim advocacy information is only contained on the PREA Hotline Poster, which was not observed in each housing unit. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any PREA information observed on these resources. Interviews with three disabled incarcerated individuals and two LEP incarcerated individuals indicated four received information in a format that they could understand.

115.16 (b): The PAQ stated that the agency has established procedures to provide incarcerated individuals with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 12, states that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility employs staff fluent in both English and Spanish and that staff may also utilize the Language Line for interpreting. The agency has a contract with Voyce. The company offers services through video remote interpreting (VRI) and voice only interpreting (VOI). The Voyce Poster includes many languages for an incarcerated individual to point to in order to advise the language in which they communicate. A review of the Handbook, 14-2AA PREA Pamphlet, PREA Hotline Poster, USMS PREA Bulletin and the I Have a Right Poster confirmed that documents can be made available in in English and Spanish.

The auditor observed that PREA information was posted via the PREA Hotline Poster, the I Have a Right Poster and the USMS PREA Bulletin. Additionally, the hotline number was observed to be painted above the phones in each housing unit. Further, a few housing units had the 14-2AA PREA Pamphlet posted. All postings were in English and Spanish. Most posters were on letter size paper, however the I Have a Right Poster was oversized with English and Spanish information on one poster. The painted hotline number was observed in oversize font. PREA information was also observed to be posted/painted in common areas across the facility. While all housing units has some form of PREA posted information, not all housing units had each poster. Further, victim advocacy information is only contained on the PREA Hotline Poster, which was not observed in each housing unit. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any PREA information observed on these resources. During incarcerated individual interviews the auditor utilized the language service for LEP incarcerated individual interviews. The auditor was provided the call in number. The auditor provided a pin number and other identifying information and was then prompted to select a language. An over the phone interpreter was then utilized to interpret questions during the interviews. Interviews with three disabled incarcerated individuals and two LEP incarcerated individuals indicated four received information in a format that they could understand.

115.16 (c): The PAQ stated that agency policy prohibits the use of incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances. 14-2 Sexual Abuse Prevention and Response, page 12 states that the facility will not rely on incarcerated individuals/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual/detainee's safety, the performance of first responder duties or the investigation of the incarcerated individual/detainee's allegation. The PAQ indicated the facility documents the limited circumstances in individual cases where incarcerated individual interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an incarcerated individual was utilized to interpret, read or provide other types of assistance. Interviews with fourteen staff indicated twelve were aware of a policy that prohibits the use of incarcerated individual interpreters, translator, readers or other types of incarcerated individual assistants for sexual abuse allegations. Interviews with three disabled incarcerated individuals and two LEP incarcerated individuals indicated four had been provided information in a format they could understand. None advised they had another incarcerated individual utilized to provide assistance.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, the Voyce Contract, Voyce Poster, PREA What You Need to Know Video and Transcript, 14-2AA PREA Pamphlet, the Handbook, PREA Hotline Poster, USMS PREA

	<p>Bulletin, I Have a Right Poster, observations made during the tour as well as interviews with the Agency Head Designee, random staff, disabled incarcerated individuals and LEP incarcerated individuals, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility post all PREA information in larger formats.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H)</li> <li>4. First Advantage Packet</li> <li>5. Staff and Contractor Personnel Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Human Resource Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with incarcerated individuals and prohibits enlisting the services of any contractor who may have contact with incarcerated individuals who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to</p>

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

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with incarcerated individuals. 14-2 Sexual Abuse Prevention and Response, page 4 states that any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with incarcerated individuals. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the question "Has a substantiated allegation of sexual harassment ever been made against you?". The interview with the Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with incarcerated individuals, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any



resignations during a pending investigation. 14-2 Sexual Abuse Prevention and Response, page t states before hiring new employees or enlisting the service of any contractor who may have contact with incarcerated individuals/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals/detainees, or, have in place a system for otherwise capturing such information. Further policy states that consistent with federal, state, and local law, the facility shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information. The agency utilizes First Advantage to complete criminal background records checks. The First Advantage packet notes that the third party entity completes public record checks through national, state and local courts. The PAQ indicated that 289 individuals hired in the past twelve months had a criminal background records check completed prior to hire. The PCM further stated that while 289 had a criminal background records check not all met the qualifications to move forward with hire. A review of six personnel files for staff hired in the previous twelve months indicated that 100% had a criminal background records check completed prior to hire. Two of the six had prior institutional employers. At the issuance of the interim report documentation had not been provided confirming the prior institutional checks. The interview with the Human Resource staff confirmed that a criminal background records check is completed for all new employees who may have contact with incarcerated individuals and that all prior institutional employers are contacted related to substantiated incidents of sexual abuse or sexual harassment and/or resignations during an investigation of sexual abuse or sexual harassment. The staff stated the facility utilizes a third party (First Advantage) to conduct criminal background record checks. The third party runs the checks, including national and in all the states that the individual worked or lived.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with incarcerated individuals. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with incarcerated individuals/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals/detainees, or, have in place a system for otherwise capturing such information. The PAQ indicated that 71 contracts for services have had a criminal background checks conducted on all staff covered under the contract. The PCM further advised that 34 contractors were under one contract 37 were outside contractors under different contracts. All contractors had a criminal background

records check completed prior to enlisting their services. The auditor requested documentation related to three contractors hired in the previous twelve months, however at the issuance of the interim report the documentation had not yet been received. The Human Resource staff confirmed that contractors have a criminal background records check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals or that a system is in place for otherwise capturing such information for current employees. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with incarcerated individuals/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals/detainees, or, have in place a system for otherwise capturing such information. A review of documentation for four staff employed over five years confirmed all four had a criminal background records check completed at least every five years. There were zero contractors employed longer than five years and as such no documentation was reviewed. The interview with the Human Resource staff member indicated that the agency has a spreadsheet with every employee and contractor and they track to determine when criminal background record checks are due. She confirmed they conduct criminal background record checks through First Advantage at least every five years.

115.17 (f): 14-2 Sexual Abuse Prevention and Response, page 4 states that all applicants, employees and contractors who may have direct contact with incarcerated individuals, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a substantiated allegation of sexual harassment ever been made against you?". A review of six staff hired in the previous twelve months indicated five of the six completed the Self-Declaration of Sexual Abuse/Sexual Harassment, four of which were completed prior to hire. The auditor requested documentation for three

staff promoted during the previous twelve months, however at the issuance of the interim report the documentation had not yet been provided. The interview with the Human Resource staff confirmed that all applicants, employees and contractors who have contact with incarcerated individuals are asked the questions under this provision via the 14-2H form. Further the staff confirmed that the facility imposes a continuing affirmative duty to disclose any previous such misconduct.

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

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) form, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates this standard appears to require corrective action. The auditor requested documentation related to three contractors hired in the previous twelve months, however at the issuance of the interim report the documentation had not yet been received. A review of six personnel files for staff hired in the previous twelve months indicated that 100% had a criminal background records check completed prior to hire. Two of the six had prior institutional employers. At the issuance of the interim report documentation had not been provided confirming the prior institutional checks. A review of six staff hired in the previous twelve months indicated five of the six completed the Self-Declaration of Sexual Abuse/Sexual Harassment, four of which were completed prior to hire. The auditor requested documentation for three staff promoted during the previous twelve months, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the requested documentation. If it is not available,

further corrective action will be required.

#### Verification of Corrective Action Since the Interim Audit Report

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

#### Additional Documents:

1. Staff Training
2. Staff and Contractor Personnel Documents

The facility provided part of the originally requested documentation. Documentation was provided for three contractors hired during the corrective action period. All three had a criminal background records check completed prior to hire. A review of the additionally provided documentation noted that PREA questions were answered after hire and after promotion and as such further corrective action was required.

The facility provided a list of staff promoted during the corrective action period. Six documents were provided illustrating the completion of PREA questions. Two of the six were completed after promotion. Additionally, one document was provided for a staff hired during the corrective action period. The document illustrated the questions were completed after the hire date. As such further corrective action is still required.

The facility provided names of two staff hired during the corrective action period that had prior institutional employment. Neither of the two were documented with contact with the prior institutional employer related to the questions required under provision (c). As such further corrective action is needed.

Additional documentation was provided for five staff promoted during the corrective action period. Three of the five had completed the 14-2H prior to promotion. Two completed the 14-2H past the promotion date.

Documentation was provided for twelve staff hired during the corrective action period

	<p>that had prior institutional employment. All twelve had the prior institutional employer contacted via the third party vendor related to incidents of sexual abuse and sexual harassment while employed and resignation during investigation. Additionally, a systematic sample of documentation for the list of new hires confirmed that all seven had completed the 14-2H prior to hire.</p> <p>The facility conducted training with Human Resource staff via Webinar. The training was completed by the Agency PREA Coordinator and covered policy, procedure and processes as required under this standard, specifically the requirement of the completion of the 14-2H prior to promotion. Documentation was provided of staff attendance during the webinar.</p> <p>There were zero staff promoted during the corrective action period after the training was completed.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Camera Project Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the Warden</li> </ol> <p>Site Review Observations:</p>

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

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. Further communication with the PCM indicated the PAQ was incorrect and they had not made physical modifications. 14-2 Sexual Abuse Prevention and Response, page 8 states that when designing or acquiring any new facility and in planning substantial expansion or modification to existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect incarcerated individuals/detainees from sexual abuse. Considerations from modifications and renovations shall be documented on form 7-1B PREA Physical Plan Considerations. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicated that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. He said new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms and any other areas where incarcerated individuals may be in a state of undress. He indicated that blind spots are identified that can be corrected through video surveillance coverage. During acquisition, the staff making the site visit develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plan issues. At existing facilities, a form 7-1B is used to ensure PREA is considered when initiating a renovation/new construction. The interview with the Warden indicated that there have not been any substantial expansions or modifications since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 8 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect incarcerated individuals/detainees from sexual abuse. Such considerations shall be documented on 7-1B PREA Physical Plant Considerations. A review of the video monitoring technology confirmed that cameras were in housing units and common areas. Video monitoring was observed to be utilized to supplement security staff and to assist with supervision and monitoring. Video monitoring technology was utilized to eliminate blind spots and provide supplemental supervision in high traffic areas. Central Control staff monitor the video

	<p>cameras 24 hours a day, seven days a week. Administrative level staff, supervisors, investigators and security threat group staff can also view cameras. The interview with the Agency Head Designee indicated that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. He said that camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restroom and showers areas and that technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the PREA Coordinator. The interview with the Warden confirmed that when the facility installs or updates video monitoring technology they consider how that technology can be utilized to protect incarcerated individuals from sexual abuse. He stated they recently added cameras in the one of the housing units due to incidents that occurred. He advised the incident review team convened and noted a need for video monitoring and change in practice. Documentation was provided outlining cameras that were installed around the facility to enhance supervision and monitoring. Cameras were installed in order to enhance the ability to protect the incarcerated individuals as at least one blind spot was identified due to incident reviews.</p> <p>Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, camera project documents, observations during the tour and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. CoreCivic Policy 13-79 Sexual Assault Response</li> <li>4. Memorandum of Understanding with Stillwater Medical Center</li> <li>5. Memorandum of Understanding with Wings Of Hope</li> <li>6. Memorandum of Understanding with Cushing Police Department</li> <li>7. Investigative Reports</li> </ol>



Interviews:

1. Interviews with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while the City of Cushing Police Department is responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 14-2 Sexual Abuse Prevention and Response, page 25 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency utilizes direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to local law enforcement for investigation. Interviews with random staff indicated eleven of the fourteen knew and understood the agency's protocol on obtaining usable physical evidence. Additionally, all fourteen staff stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is developmentally appropriate for youth and the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 14-2 Sexual Abuse Prevention and Response, page 25 states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate shall be adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. The agency utilizes direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence

protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to local law enforcement for investigation.

115.21 (c): The PAQ indicated that the facility offers incarcerated individuals who experience sexual abuse access to forensic medical examination at an outside facility. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations and the facility documents efforts to provide SAFE or SANE. 14-2 Sexual Abuse Prevention and Response, page 21 states that the facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PCM, facility investigator or ADO shall consult with law enforcement prior to transporting an incarcerated individual/detainee for an examination to be performed by SAFE or SANE. If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/SANE provider is not available, the examination may be performed by other qualified medical practitioners. The policy stated that SAFE/SANE exams are provided by Stillwater Medical Center. Page 25 states the investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Additionally, page 25 states that the investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by SAFE or SANE when possible. 13-9 Sexual Assault Response, page 2 states that upon receiving notice of an alleged rape that occurred within the previous 72 hours, QHCP (qualified health care professional) will examine the patient incarcerated individual/resident utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient incarcerated individual/detainee to be transported to the local designated Emergency Room for examination, evidence collection and prophylaxis treatment for sexually transmitted disease. A review of the MOU with Stillwater Medical Center confirms that the Medical Center agrees to provide forensic examinations to facility residents who are victims of sexual abuse. Such examination shall be performed by SAFE or SANE. The PAQ indicated that there were zero forensic medical examinations conducted in the previous twelve months, however it stated two exams were performed by a SAFE/SANE. Further communication with the PC indicated there were two forensic medical examinations completed at the local hospital during the previous twelve months. A review of investigative reports confirmed there were two forensic medical examinations completed. The auditor contacted Stillwater Medical Center related to forensic medical examinations. The staff confirmed that the hospital conducts forensic medical examinations through SAFE/SANE. The staff did advise a SAFE/SANE may not always be available.

115.21 (d): The PAQ indicated the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and that the efforts are documented. The PAQ also indicated that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. 14-2 Sexual Abuse Prevention and Response, page 21, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by Wings of Hope. Additionally, page 25 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with Wings of Hope indicates Wings of Hope will provide a victim advocate, if requested by the victim, and allow the victim advocate to provide emotional support, and accompany the victim through the forensic medical examination process and investigatory interviews. It further states that Wings of Hope will provide residents with confidential emotional support services, crisis intervention, information and referrals related to sexual abuse and sexual harassment. The PCM confirmed that the if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated they have not had that occur in a while but they would normally ask the incarcerated individual who they felt comfortable with and then they would send that staff with the for victim advocacy services. Interviews with incarcerated individuals who reported sexual abuse indicated none of the four were afforded access to a victim advocate. A review of eleven (two were not fully provided at the issuance of the interim report) sexual abuse allegations indicated five were documented with affording the victim access to a victim advocate. All five declined services.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 14-2 Sexual Abuse Prevention and Response, page 21, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a

hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by Wings of Hope. Additionally, page 25 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with Wings of Hope indicates Wings of Hope will provide a victim advocate, if requested by the victim, and allow the victim advocate to provide emotional support, and accompany the victim through the forensic medical examination process and investigatory interviews. It further states that Wings of Hope will provide residents with confidential emotional support services, crisis intervention, information and referrals related to sexual abuse and sexual harassment. The PCM confirmed that the if requested by the victim, victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The PCM stated they start researching what advocates they have close and they call to see if they will make themselves available. She advised she was not sure about their qualifications but she assumed they had some type of training or certification. Interviews with incarcerated individuals who reported sexual abuse indicated none of the four were afforded access to a victim advocate. A review of eleven (two were not fully provided at the issuance of the interim report) sexual abuse allegations indicated five were documented with affording the victim access to a victim advocate. All five declined services.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements under this standard. 14-2 Sexual Abuse Prevention and Response, page 25 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The MOU with the Cushing Police Department states that the MOU sets forth the understanding between parties related to PREA and the requirements under 115.21, 115.22, 115.51, 115.54 and 115.71. The MOU further describes the referral process as well as the requirements under 115.21.

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

115.21 (h): 14-2 Sexual Abuse Prevention and Response, page 21 states if unable to secure the services of a victim advocate to accompany the alleged victim to the

SAFE/SANE exam, and if requested by the victim, the facility may use a qualified facility staff member for this purpose. The staff member must have been screened by SART and the Warden/Facility Administrator/designee for appropriateness to serve in this role and must have received documented education concerning sexual assault and forensic examination issues. Advocacy services are provided by the certified rape crisis center. Advocates are provided training based on the requirements of the state.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, the MOU with Cushing Police Department, MOU with Stillwater Medical Center, the MOU with Wings of Hope, Investigative Reports and information from interviews with random staff, the SAFE/SANE, the PREA Compliance Manager and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. The PCM stated they have not had that occur in a while but they would normally ask the incarcerated individual who they felt comfortable with and then they would send that staff with the for victim advocacy services. The PCM stated they start researching what advocates they have close and they call to see if they will make themselves available. She advised she was not sure about their qualifications but she assumed they had some type of training or certification. Interviews with incarcerated individuals who reported sexual abuse indicated none of the four were afforded access to a victim advocate. A review of eleven (two were not fully provided at the issuance of the interim report) sexual abuse allegations indicated five were documented with affording the victim access to a victim advocate. All five declined services.

#### Corrective Action

The facility will need to provide the remaining victim advocacy documents. The facility will need to train staff on the process for affording victim advocates and ensure that all victims are afforded this access. A copy of the training will need to be provided. Confirmation of this process during the corrective action period will need to be provided (i.e. list of sexual abuse allegations and victim advocacy documents).

#### Verification of Corrective Action Since the Interim Audit Report

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

	<p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period</li> <li>2. Staff Training</li> <li>3. Wings of Hope Information</li> </ol> <p>The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. There were nine allegations reported, seven of which were sexual abuse. The facility advised they offered the victim advocacy services, but it was not documented.</p> <p>The facility provided documentation illustrating the partnership with Wings of Hope. Wings of Hope staff toured the facility and had consistent communication with the Warden and facility staff related to services and the newly established relationship.</p> <p>The facility provided training that was completed related to the standard. The PREA Coordinator conducted training on policy and procedure related to emotional support services. The training noted that medical staff assessing the victim of sexual abuse would offer the victim advocate and document whether the victim accepts or declines the services. The training also noted that the Shift Supervisor is responsible for offering and documenting the emotional support services for forensic medical examinations. The training advised that the PCM is to monitor access to victim advocacy services through Wings of Hope to ensure services are not impeded. Staff signature were provided confirming receipt and understanding of the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> </ol>

2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 5-1 Incident Reporting
4. Memorandum of Understanding with Cushing Police Department
5. Investigative Reports
6. Investigative Log

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 24 states that the Warden/Facility Administrator shall ensure that an administrative investigation and/or a referral for a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA and I incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. The PAQ indicated there were 30 allegations reported during the previous twelve months. All 30 resulted in an administrative investigation, seven were referred for criminal investigation and three of the seven had a criminal investigation. The PAQ noted all allegations reported had a completed investigation. The interview with the Agency Head Designee indicated it is CoreCivic policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. He stated that all administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. The Agency Head Designee indicated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations and referred to the appropriate law enforcement officials (or by contracted partner investigative entity). He stated that the staff work with outside law enforcement, upon request. A review of the investigative log and fifteen investigative reports (three were not provided at the issuance of the interim report) confirmed all allegations were referred for investigation. All had a completed administrative investigation and six were referred



to Cushing Police Department for investigation.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 14-2 Sexual Abuse Prevention and Response, page 20 states that the Administrative Duty Office (ADO) staff, the PCM, Warden/Facility Administrator or designed on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegations does not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state or local law. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. A review of the investigative log and fifteen investigative reports (three were not provided at the issuance of the interim report) confirmed all were investigation administratively. Six were also referred to Cushing Police Department for investigation however it appeared the PD declined to investigate in all instances. The interview with the facility investigator indicated the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. He stated anything criminal would be referred to Cushing Police Department and/or the US Marshall Service.

115.22 (c): The MOU with the Cushing Police Department states that the MOU sets forth the understanding between parties related to PREA and the requirements under 115.21, 115.22, 115.51, 115.54 and 115.71. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available as well as CoreCivic Policy 14-2. Information is located at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

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

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 5-1

	Incident Reports, the MOU with Cushing Police Department, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. PREA Overview Facilitator Guide</li> <li>4. Female Offenders and Detainees Training</li> <li>5. Staff Training Records (14-2A CoreCivic PREA Training Acknowledgment)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ stated that the agency trains all employees who may have contact with incarcerated individuals on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to be free from sexual abuse and sexual harassment, the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationship with incarcerated individuals, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting. How to detect and respond to signs of threatened and actual sexual abuse was not checked, however further communication with the PCM indicated that was an oversight and that this topic is also covered during staff training. 14-2 Sexual Abuse Prevention and Response, page 5 states that all CoreCivic facility employees shall</p>

receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service training on the following: the CoreCivic zero tolerance policy for sexual abuse and sexual harassment, how to fulfill employee responsibilities for sexual abuse and sexual harassment prevention, detention, reporting and response in accordance with policy, the right of the incarcerated individuals/detainees to be free from sexual abuse and sexual harassment, the right of the incarcerated individuals/detainees and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting including locations, situations and circumstances in which sexual abuse may occur, signs of victimization and common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals/detainees, how to communicate effectively and professionally with incarcerated individuals/detainees including LGBTI and gender non-conforming incarcerated individuals/detainees and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA Overview Facilitator Guide confirmed that the staff training includes information on: the agency's zero tolerance policy (page 3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 4-19), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (pages 19-20), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 21-23), the common reactions of sexual abuse and sexual harassment victims (page 24-26), how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). A review of fourteen staff training records indicated all fourteen had received PREA training. Interviews with fourteen random staff confirmed that all fourteen have received PREA training. Staff confirmed that the components under this provision were included in the training.

115.31 (b): The PAQ indicated that training is tailored to the gender of the incarcerated individual at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 14-2 Sexual Abuse Prevention and Response, page 5 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the incarcerated individuals/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of incarcerated individual/detainee shall receive additional training. A review of the Female Offender and Detainees PowerPoint indicated it includes specific information related to female

	<p>incarcerated individuals. It discusses key differences between male and female individuals and how staff can be gender responsive and trauma informed. Additionally, the common reactions of victims of sexual abuse and sexual harassment (PREA Overview) includes information on male and female incarcerated individuals. The facility mainly houses adult male incarcerated individuals, but does house a small amount of adult female incarcerated individuals. A review of fourteen staff training records indicated all fourteen had received PREA training.</p> <p>115.31 (c): The PAQ indicated that all of the staff have been trained or retrained in PREA requirements. The PAQ stated that staff are annually. 14-2 Sexual Abuse Prevention and Response, page 5 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service. A review of documentation indicated nine of the fourteen staff had received PREA training in the last two years. Five staff were new hires and as such only had the most recent PREA training.</p> <p>115.31 (d): The PAQ stated that the agency documents that employees who may have contact with incarcerated individuals understand the training they have received through employee signature or electronic verification. 14-2 Sexual Abuse Prevention and Response, page 5 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. Signed documentation will be maintained in the employee's training and/or HR file. A review of staff training records indicated that staff sign the PREA Training Acknowledgment form and/or staff complete an electronic notification.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitator Guide, Female Offenders and Detainees Training, staff training records as well as interviews with random staff, this standard appears to be compliant.</p>
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115.32	Volunteer and contractor training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview: Training for Contractors and Volunteers (14-2K)
4. Sample of Contractor Training Records (14-2A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment and/or 14-2J PREA Zero Tolerance Policy Acknowledgment)
5. Sample of Volunteer Training Records (14-2K PREA Overview: Training for Contractors and Volunteers)

Interviews:

1. Interviews with Volunteers and/or Contractors who have Contact with Incarcerated Individuals

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with incarcerated individuals have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 14-2 Sexual Abuse Prevention and Response, pages 6 state that and volunteers and contractor who have contact with incarcerated individuals/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in policy. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with incarcerated individuals. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with incarcerated individuals/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Page 7 states volunteers who have contact with incarcerated individuals/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with

relevant laws. The PAQ stated that nineteen contractors and volunteer received training. Further communication with the PCM indicated there are 31 total contractors and volunteers and all have received PREA training. The auditor requested documentation for six contractors and one volunteer. At the issuance of the interim report three document had been provided. The interviews with the contractors confirmed that they both received training related to their responsibilities under the agency's sexual abuse and sexual harassment policies. There were no volunteers available for interview during the on-site portion of the audit and as such no interviews were conducted.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with incarcerated individuals. Additionally, the PAQ indicates that all volunteers and contractors who have contact with incarcerated individuals have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 14-2 Sexual Abuse Prevention and Response, page 6 states that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact with incarcerated individuals/detainee. All volunteers and contractors who have contact with incarcerated individuals/detainees shall acknowledge the CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All volunteers shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with incarcerated individuals. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with incarcerated individuals/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Page 7 states volunteers who have contact with incarcerated individuals/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. The auditor requested documentation for six contractors and one volunteer. At the issuance of the interim report three document had been provided. Interviews with the contractors confirmed they received training that included information on the zero tolerance policy and how/who to report sexual abuse. There were no volunteers available for interview during the on-site portion of the audit and as such no interviews were conducted.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 14-2 Sexual Abuse Prevention and Response, page 7 states that the signed documentation confirming that each volunteer or contractors understand the training that he/she received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden/Facility Administrator or PCM. The auditor requested documentation for six contractors and one volunteer. At the issuance of the interim report three document had been provided. The three provided had signed that they completed the training.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, PREA Overview: Training for Contractors and Volunteers, a review of a sample of contractor and volunteer training records as well as interviews with the contractors, this standard appears to require corrective action. The auditor requested documentation for six contractors and one volunteer. At the issuance of the interim report three document had been provided.

#### Corrective Action

The facility will need to provide the requested documents. If not available, additional corrective action will be required.

#### Verification of Corrective Action Since the Interim Audit Report

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

#### Additional Documents:

##### 1. Contractor Training Documents

The facility provided the originally requested documentation. All contractors were documented with completing the PREA training.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. PREA What You Need to Know Video</li> <li>4. 14-2AA PREA Pamphlet</li> <li>5. Detainee Handbook (Handbook)</li> <li>6. PREA Hotline Poster</li> <li>7. USMS PREA Bulletin</li> <li>8. Orientation Checklist</li> <li>9. Incarcerated Individual Education Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Intake Staff</li> <li>2. Interviews with Random Incarcerated Individuals</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Intake Area</li> <li>2. Observations of Posted PREA Information</li> </ol> <p>Findings (By Provision):</p>



115.33 (a): The PAQ stated that incarcerated individuals receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 14-2 Sexual Abuse Prevention and Response, page 11 states the facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled and LEP. Policy indicates that incarcerated individuals/detainees are provided the 14-2AA PREA Pamphlet and the USMS PREA Bulletin. A review of the 14-2AA PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. A review of the USMS PREA Bulletin notes that it includes definitions of sexual abuse and sexual harassment, reporting mechanisms, right to be free from sexual abuse and confidentiality when reporting. A review of the Handbook confirms that pages 29-32 include information on PREA. The Handbook outlines the zero tolerance policy, definitions of sexual abuse and sexual harassment, ways to prevent sexual abuse, facts about sexual abuse, reporting mechanisms, confidentiality and emotional support service information. The Handbook also outlines steps to take by the detainee and by the facility after an incident of sexual abuse. The PREA Hotline Poster provides information on reporting mechanisms and outside emotional support services. The PAQ indicated 9687 incarcerated individuals received information at intake, which is over 100% of those that arrived in the previous twelve months. The auditor observed the intake process through a demonstration. Incarcerated individuals are provided a copy of the Handbook (available in English and Spanish) and the 14-2AA Pamphlet. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. The interview with the intake staff confirmed that incarcerated individuals receive information on the zero tolerance policy and how to report allegations of sexual abuse. The staff stated incarcerated individuals are provided the Handbook and 14-2AA PREA Pamphlet. The staff advised they also have the PREA video they show through the door/window of the holding cell on a loop. The video is in English, Spanish and ASL. 25 of the 30 incarcerated individuals interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies, including zero tolerance and ways to report sexual abuse and sexual harassment. A review of 32 incarcerated individual files of those received within the previous twelve months indicated that all 32 had received PREA information at intake.

115.33 (b): 14-2 Sexual Abuse Prevention and Response, page 11 states that within 30 days following intake, either in person or through video, incarcerated individuals/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention: CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents, threats or suspicion of sexual abuse or sexual harassment; an incarcerated individual/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents; incarcerated individual/detainee on incarcerated individual/detainee sexual abuse;

employee on incarcerated individual/detainee sexual abuse; availability of policies regarding sexual abuse prevention/intervention; and available emotional support services to include internal and external victim advocates and community support services. The policy states that comprehensive education includes a recorded orientation video that is played on tv-3 during dayroom hours. A review of the video indicates it is the PREA What You Need to Know video which provides information on the zero tolerance policy, how to report, rights to medical and mental health care, definitions, how to stay safe and information on the investigation. A review of the 14-2AA PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. A review of the USMS PREA Bulletin notes that it includes definitions of sexual abuse and sexual harassment, reporting mechanisms, right to be free from sexual abuse and confidentiality when reporting. A review of the Handbook confirms that pages 29-32 include information on PREA. The Handbook outlines the zero tolerance policy, definitions of sexual abuse and sexual harassment, ways to prevent sexual abuse, facts about sexual abuse, reporting mechanisms, confidentiality and emotional support service information. The Handbook also outlines steps to take by the detainee and by the facility after an incident of sexual abuse. The PREA Hotline Poster provides information on reporting mechanisms and outside emotional support services. The PAQ indicated that 2005 incarcerated individuals received comprehensive PREA education within 30 days of intake, which is 100% of those that arrived in the previous twelve months that stayed longer than 30 days. The auditor observed the comprehensive PREA education process is completed during intake. Incarcerated individuals are provided a copy of the Handbook and the 14-2AA Pamphlet. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. The auditor observed that the video is played on a 36 inch television. The audio is difficult to hear with the placement and other activities occurring. During the 30 day reassessment staff provide the 14-2AA Pamphlet, however they do not go over any information. The auditor confirmed this process was not adequate as it was not structured, no facility specific information was provided and it was difficult to hear/watch in the holding cell environment. The interview with the intake staff indicated that incarcerated individuals are provided information on their right to be free from sexual abuse, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse. The staff stated incarcerated individuals are provided the Handbook and 14-2AA PREA Pamphlet. The staff advised they also have the PREA video they show through the door/window of the holding cell on a loop. Education is completed the day of arrival. A review of 32 incarcerated individual files of those received in the previous twelve months indicated all 32 had received comprehensive PREA education within 30 days of arrival. Sixteen of the 30 incarcerated individuals interviewed indicated that they were informed of their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's policies and procedures in response to an allegation of sexual abuse and sexual harassment. Most stated the information was provided in person when they arrived.

115.33 (c): The PAQ indicated all current incarcerated individuals at the facility had been educated on PREA within 30 days. Additionally, it stated that agency policy requires that incarcerated individuals who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 14-2 Sexual Abuse Prevention and Response, page 11 states the facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled and LEP. Policy indicates that incarcerated individuals/detainees are provide the 14-2AA PREA Pamphlet and the USMS PREA Bulletin. It further states that incarcerated individuals/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. A review of the 14-2AA PREA Pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. A review of the USMS PREA Bulletin notes that it includes definitions of sexual abuse and sexual harassment, reporting mechanisms, right to be free from sexual abuse and confidentiality when reporting. A review of the Handbook confirms that pages 29-32 include information on PREA. The Handbook outlines the zero tolerance policy, definitions of sexual abuse and sexual harassment, ways to prevent sexual abuse, facts about sexual abuse, reporting mechanisms, confidentiality and emotional support service information. The Handbook also outlines steps to take by the detainee and by the facility after an incident of sexual abuse. The PREA Hotline Poster provides information on reporting mechanisms and outside emotional support services. The interview with the intake staff indicated that incarcerated individuals are provided information on their right to be free from sexual abuse, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse. The staff stated incarcerated individuals are provided the Handbook and 14-2AA PREA Pamphlet. The staff advised they also have the PREA video they show through the door/window of the holding cell on a loop. The video is in English, Spanish and ASL. A review of a total of 43 incarcerated individual files indicated that all 43 had received PREA education.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for incarcerated individuals who are LEP, deaf, visually impaired, otherwise disabled, as well as to incarcerated individuals who have limited reading skills. 14-2 Sexual Abuse Prevention and Response, page 11 states the facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled and LEP. Policy indicates that incarcerated individuals/detainees are provide the 14-2AA PREA Pamphlet and the USMS PREA Bulletin. The facility will ensure that information is effectively communicated orally, on an individual basis, to incarcerated individuals/detainees with limited reading skills. In the event an incarcerated individual/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such incarcerated

individual/detainees on an individual basis. The policy further elaborates and states that there are three TTY auxiliary aids available for detainees with disabilities. Interpreters shall be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility employs staff fluent in both English and Spanish and that staff may also utilize the Language Line for interpreting. Further, the agency has a contract with Voyce. The company offers services through video remote interpreting (VRI) and voice only interpreting (VOI). The Voyce Poster includes many languages for an incarcerated individual to point to in order to advise the language in which they communicate. A review of the Handbook, 14-2AA PREA Pamphlet, PREA Hotline Poster, USMS PREA Bulletin and the I Have a Right Poster confirmed that documents can be made available in larger font, bright colors and Spanish. The auditor observed the comprehensive PREA education process is completed during intake. Incarcerated individuals are provided a copy of the Handbook and the 14-2AA PREA Pamphlet. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. The auditor observed that the video is played on a 36 inch television. The audio is difficult to hear with the placement and other activities occurring. A review of four disabled incarcerated individual records indicated that all four had received comprehensive PREA education and signed that they understood the training. A review of four LEP incarcerated individual files indicated all four signed an acknowledgment form (in both English and Spanish).

115.33 (e): The PAQ indicated that the agency maintains documentation of incarcerated individual participation in PREA education sessions. 14-2 Sexual Abuse Prevention and Response, page 11 states that incarcerated individuals/detainees shall sign indicating acknowledgment that they received intake information and the 30 day comprehensive education and this documentation shall be maintained by the facility in the incarcerated individual/detainee file. A review of the Orientation Checklist (17-101B) indicates the detainee signs that they were explained PREA education and they were provided the 14-2AA. The form has both English and Spanish information. The PREA education section states "I acknowledge that I have been educated on CoreCivic's Zero tolerance policy regarding sexual abuse and sexual harassment. I know how to report incidents of sexual abuse and sexual harassment and who I can report incidents to. I understand my right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Upon intake, I watched the PREA education video regarding my right to be free from sexual abuse sexual harassment and retaliation from reporting." Additionally, the PREA Education Acknowledgment form includes areas for the detainee to initial that they received the 14-2AA, the USMS PREA Bulletin, the Handbook and that they watched the PREA video. The form also has the detainee sign at the bottom. A review of 43 incarcerated individual files indicated that incarcerated individuals sign the PREA Education Acknowledgment form to document completion of education.

115.33 (f): The PAQ indicates that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, incarcerated individual handbooks or other written formats. 14-2 Sexual Abuse Prevention and Response, page 11 states in addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to incarcerated individuals/detainees through posters, incarcerated individual/detainee handbooks, or other written formats. A review of documentation confirmed the facility had PREA information via the 14-2AA PREA Pamphlet, USMS PREA Bulletin, Handbook, PREA Reporting Poster and the I Have a Right Poster. The auditor observed that PREA information was posted via the PREA Hotline Poster, the I Have a Right Poster and the USMS PREA Bulletin. Additionally, the hotline number was observed to be painted above the phones in each housing unit. Further, a few housing units had the 14-2AA PREA Pamphlet posted. All postings were in English and Spanish. Most posters were on letter size paper, however the I Have a Right Poster was oversized with English and Spanish information on one poster. The painted hotline number was observed in oversize font. PREA information was also observed to be posted/painted in common areas across the facility. While all housing units has some form of PREA posted information, not all housing units had each poster. Further, victim advocacy information is only contained on the PREA Hotline Poster, which was not observed in each housing unit. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any PREA information observed on these resources.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, PREA What You Need to Know Video, 14-2AA PREA Pamphlet, Handbook, PREA Hotline Poster, USMS PREA Bulletin, Orientation Checklist, a review of incarcerated individual records, observations made during the tour as well information obtained during interviews with intake staff and random incarcerated individuals, this standard appears to require corrective action. The auditor observed the comprehensive PREA education process is completed during intake. Incarcerated individuals are provided a copy of the Handbook and the 14-2AA Pamphlet. During the intake process the PREA What You Need to Know Video is placed on the televisions in front of the holding cells. The video is played on a loop. The auditor observed that the video is played on a 36 inch television. The audio is difficult to hear with the placement and other activities occurring. During the 30 day reassessment staff provide the 14-2AA Pamphlet, however they do not go over any information. The auditor confirmed this process was not adequate as it was not structured, no facility specific information was provided and it was difficult to hear/watch in the holding cell environment. The interview with the intake staff indicated that incarcerated individuals are provided information on their right to be free from sexual abuse, their right to be free from retaliation and the facility's policies and procedures in response to an allegation of sexual abuse. The staff stated incarcerated individuals are provided the Handbook and 14-2AA PREA Pamphlet. The staff advised they also have the PREA video they show through the door/window of the holding cell on a loop. Sixteen of the 30 incarcerated individuals interviewed indicated that they were informed of their right to be free from sexual

abuse and sexual harassment, their right to be free from retaliation from reporting and the facility's policies and procedures in response to an allegation of sexual abuse and sexual harassment. Most stated the information was provided in person when they arrived. While all housing units had some form of PREA posted information, not all housing units had each poster.

Corrective Action

The facility will need to revamp the PREA education process. The education process should be structured, include facility specific information and be completed in a manner that all incarcerated individuals can see, hear and understand (including LEP and disabled incarcerated individuals). A process memorandum will need to be provided. Training with appropriate staff will need to be completed and a copy of the training will need to be provided. Confirmation of the updated PREA education process will need to be provided (phone interview with intake staff). The facility will need to ensure that posted PREA information is consistent across all housing units and information on the internal reporting mechanisms, external reporting mechanism and outside emotional support services is posted/painted in all housing units. The facility will need to provide the requested education documentation.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training
2. List of Incarcerated Individuals that Arrived During the Corrective Action Period
3. Education Documents
4. Photos of Posted Information

Additional Interviews

1. Interviews with Intake Staff

The facility provided training documentation that was completed with staff related to incarcerated individual education. Counselors were provided a training packet that included the 14-2AA Pamphlet, a facility specific document that outlines internal reporting mechanisms, external reporting mechanism, the zero tolerance policy, rights under PREA, and emotional support service the PREA education acknowledgment. A process/training memorandum, dated December 17, 2024, outlined the intake education process, the comprehensive education process and accommodations for LEP and disabled incarcerated individuals. Additionally, a PowerPoint was provided that covered all the information above. Staff signatures were provided confirming they received and understood the training.

The auditor conducted a phone interview with the intake staff to confirm the education process. The staff advised that incarcerated individuals are provided information upon intake through distribution of material as well as a review of the PREA video (played on a loop). At the 30 day reassessment, staff verbally go over information one-on-one with the incarcerated individual, including the zero tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, and key information from the 14-2AA PREA Pamphlet. It should be noted that the auditor initially conducted a phone interview with a different intake staff member. The staff advised she provides the Handbook, 14-2AA PREA Pamphlet and shows the PREA video on a loop, but does not verbally go over any information. The auditor spoke to the PC and advised this was incorrect and not the training they were provided. The PC and facility staff spoke with all intake staff to determine if all were conducting education this way or if this was one staff that was incorrect. It was determined it was one staff that was not doing it correctly. This staff was re-trained and received discipline.

The facility provided a list of incarcerated individuals that arrived during the corrective action period and a systematic sample of education documents. All but one had completed PREA education and had signed a document confirming they received the comprehensive education. The form included both English and Spanish information.

The facility provided numerous photos of posted PREA information. The photos confirmed that the information was accurate and consistent. The posted information included zero tolerance information, reporting mechanisms and emotional support services contact information.

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

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting</li> <li>4. Investigator Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 14-2 Sexual Abuse Prevention and Detection, page 6 states that in addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences. This training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. The interview with the facility investigator confirmed that he completed the specialized training. He advised the training was during onboarding and it included numerous modules, including a module on PREA investigations.</p>



	<p>115.34 (b): 14-2 Sexual Abuse Prevention and Detection, page 6 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. The interview with the facility investigator confirmed that the specialized training received included all the elements required under this provision.</p> <p>115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training. The PAQ indicated one investigator received the training. 14-2 Sexual Abuse Prevention and Detection, page 6 states employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment for Specialty Training. This documentation shall be maintained in the employee training file. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of fifteen investigations (three were not provided at the issuance of the interim report) indicated they were completed by five facility investigators. Documentation was provided confirming they all received specialized training.</p> <p>115.34 (d): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, investigator training records as well as the interview with the investigator, this standard appears to be compliant.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

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

Interviews:

1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 14-2 Sexual Abuse Prevention and Response, page 6 states that in addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time qualified health care professionals and qualified mental health care professionals, shall receive specialized training. Training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations of sexual abuse and sexual harassment. The training is completed through the NIC Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff curriculum. A review of the training modules confirm the training includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment (chapter 2), how to preserve physical evidence of sexual abuse (chapter 3), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (chapter 2) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (chapter 4). The PAQ stated 32 medical and mental health care staff work at the facility and 100% completed the specialized training. A review of PAQ supplemental documentation indicated seventeen medical and mental staff had completed the specialized medical and mental health training in 2023. A review of seven medical and mental health staff training records indicated that five had received the specialized medical and mental health training. Interviews with medical and mental health care staff confirmed that they both completed specialized training. Both staff confirmed the required topics under this provision were included in the training.

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

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 14-2 Sexual Abuse Prevention and Response, page 6 states that medical and mental health staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file. A review of seven medical and mental health staff training records indicated that five had received the specialized medical and mental health training. Documentation was provided confirming completion of the training.

115.35 (d): 14-2 Sexual Abuse Prevention and Response, page 6 states that in addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time qualified health care professionals and qualified mental health care professionals, shall receive specialized training. A review of seven medical and mental health staff training documents indicated that one had completed the contractor PREA training and four had completed the staff PREA training.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff, this standard appears to require corrective action. A review of seven medical and mental health staff training records indicated that five had received the specialized medical and mental health training. A review of seven medical and mental health staff training documents indicated that one had completed the contractor PREA training and four had completed the staff PREA training.

Corrective Action

The facility will need to provide the requested documentation. If not available, further corrective action will be required.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Staff Training</li> </ol> <p>The facility provided the originally requested training documents. All medical and mental health care staff had completed specialized training and staff or contractor training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. 14-2B Sexual Abuse Screening Tool</li> <li>4. Incarcerated Individual Assessment and Re-Assessment Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interviews with Random Incarcerated Individuals</li> <li>3. Interview with the PREA Coordinator</li> </ol>

#### 4. Interview with the PREA Compliance Manager

##### Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Incarcerated Individual Files are Located

##### Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other incarcerated individuals. 14-2 Sexual Abuse Prevention and Response, page 9 states that all incarcerated individual/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education and programming assignments. The goal is to keep separate those incarcerated individuals/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. This includes incarcerated individuals/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception and incarcerated individuals/detainees who have been returned from court, or other leave status. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed at the booking counter. The auditor observed that this area did not provide adequate privacy as the incarcerated individual was seated out in the open with other staff and incarcerated individuals. The booking staff ask the incarcerated individual questions on the electronic form, including if they were ever a victim, if they feel vulnerable, if they identify as LGBTIQ, if they have any prior sexual charges, if they have any violent offense, if they have a gang affiliation and if they have any discipline while incarcerated. The staff use the response from the incarcerated individual and do not conduct any type of file review. The interview with the staff responsible for the risk screening indicated that incarcerated individuals are screened for their risk of victimization and/or abusiveness upon admission to the facility. Interviews with 22 incarcerated individuals that arrived within the previous twelve months indicated eighteen had an initial risk screening completed when they first arrived.

115.41 (b): The PAQ indicated that the policy requires that incarcerated individuals be screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours of their intake. 14-2 Sexual Abuse Prevention and Response, page 9 states that incarcerated individuals/detainees shall be assessed within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. The PAQ stated that 95 incarcerated individuals that

arrived in the previous twelve months were screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours, which is 1% of those that arrived in the previous twelve months and stayed longer than 72 hours. Further communication with the PC indicated every incarcerated individual is screened upon intake and then within 30 days. A review of 32 incarcerated individual files of those received in the previous twelve indicated all 32 had an initial risk screening completed within 72 hours of arrival. The interview with the staff responsible for the risk screening indicated that incarcerated individuals are screened for their risk of victimization and/or abusiveness within 72 hours. Interviews with 22 incarcerated individuals that arrived within the previous twelve months indicated eighteen had an initial risk screening completed when they first arrived.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 14-2 Sexual Abuse Prevention and Response, page 9 states that screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening process. A review of Sexual Abuse Screening Tool confirmed that the assessment includes seven questions that are asked to the resident and seven questions that are completed by staff through a file review or through observation for the victimization section. The yes responses are tallied and determine whether the individual is a victim, potential victim or if it is not applicable (no risk). The abusiveness section of the form has five questions that staff ask the resident. The yes responses are tallied to determine if the individual is a predator, potential predator or not applicable (no risk). There is also a section to indicate any discrepancies from the interview and the file review. Directions for the form indicate that any discrepancies from the file review and the answers, such as if the resident states they do not have violent offenses but the file review indicates they do, the response should be a "yes".

115.41 (d): 14-2 Sexual Abuse Prevention and Response, page 9 indicates that the intake screening shall consider, at minimum, the following criteria to assess incarcerated individuals/detainees for risk of victimization: whether the incarcerated individual/detainee has a mental, physical or developmental disability; the age of the incarcerated individual/detainee; the physical build of the incarcerated individual/detainee; whether the incarcerated individual/detainee has previously been incarcerated; whether the incarcerated individual/detainee's criminal history is exclusively nonviolent; whether the incarcerated individual/detainee has prior convictions for sex offenses against an adult or child; whether the incarcerated individual/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the incarcerated individual/detainee has previously experienced sexual victimization; the incarcerated individual/detainee's own perception of vulnerability and whether the incarcerated individual/detainee is detained solely for civil immigration purposes. Additionally, policy states that

screenings shall also include a review of the incarcerated individual/detainee's available institutional file. A review of the Sexual Abuse Screening Tool confirmed that it contains fourteen criteria related to victimization factors. These questions include: prior victimization; threats of sexual abuse by another incarcerated individual/resident while incarcerated; approached by another incarcerated individual/resident for sex; vulnerability to sexual abuse or assault; sexual orientation or status as LGBTI or gender non-conforming or if individual believes they are perceived as LGBTI or gender non-conforming; physical, mental or developmental disability; current or prior conviction of sexual offense/abuse against a child or adult; stature; age; first incarceration; only non-violent offenses; appearance of disability; appearance of LGBTI; and appearance of loner, introvert, or naïve. The staff who perform the risk screening stated that the risk screening is completed by verbally asking questions on the electronic risk screening form. Staff confirmed the elements under this provision are included.

115.41 (e): 14-2 Sexual Abuse Prevention and Response, page 9 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Additionally, policy states that screenings shall also include a review of the incarcerated individual/detainee's available institutional file. A review of the Sexual Abuse Screening Tool confirmed it contains five questions related to predatory factors. These questions include: previous convictions for sexual assault/abuse in prison/jail; disciplinary sanctions for sexual abuse while incarcerated; current or prior conviction of sexual offense/abuse against an adult or child; prior conviction of violent offense against child or adult; and any disciplinary sanctions for violence while incarcerated. The staff who perform the risk screening stated that the risk screening is completed by verbally asking questions on the electronic risk screening form. Staff confirmed the elements under this provision are included.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each incarcerated individual's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the incarcerated individual's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 14-2 Sexual Abuse Prevention and Response, page 10 states that within a set period of time not to exceed 30 days from the incarcerated individual's arrival at the facility, a reassessment of the incarcerated individual/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. Additionally, policy states that the 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days. The PAQ advised that 95 incarcerated individuals had a reassessments within 30 days, which is 4% of those that arrived and stayed over 30 days. Further communication with the PC indicated every incarcerated individual is screened upon

intake and then within 30 days. The auditor had staff provide a demonstration of the reassessment process. Reassessments are completed by counselors. The staff advise the incarcerated individual they will be going over the questions they asked at intake. Staff pull up the electronic questions and then ask them the yes or no questions on the form. Staff indicated they do a quick check about violent offenses before they conduct the risk screening but the remainder is self-disclosure. The interview with the staff responsible for the risk screening indicated incarcerated individuals are reassessed within 30 days. Interviews with 22 incarcerated individuals that arrived within the previous twelve months indicated nine had a reassessment completed a few weeks after arrival. A review of 32 incarcerated individual files of those that arrived during the previous twelve months indicated seventeen had a reassessment. All seventeen were completed within 30 days of arrival. It should be noted most of those that were not provided were of incarcerated individual who arrived within the 30 days prior.

115.41 (g): The PAQ indicated that policy requires that an incarcerated individual'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 incarcerated individual's risk of sexual victimization or abusiveness. 14-2 Sexual Abuse Prevention and Response, page 10 states that a reassessment shall also be completed when warranted, due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the incarcerated individual/detainee's risk of victimization or abusiveness. Additionally, policy states that following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. The interview with the risk screening staff confirmed that incarcerated individuals are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 22 incarcerated individuals that arrived within the previous twelve months indicated nine had a reassessment completed a few weeks after arrival. A review of 32 incarcerated individual files of those that arrived during the previous twelve months indicated seventeen had a reassessment. A review of sexual abuse investigations indicated three required a reassessment based on incident of sexual abuse. Two of the three were documented with a reassessment.

115.41 (h): The PAQ indicated that policy prohibits disciplining incarcerated individuals for refusing to answer whether or not the incarcerated individual has mental, physical or developmental disability; whether or not the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the incarcerated individual has previously experienced sexual victimization; and the incarcerated individual's own perception of vulnerability. 14-2 Sexual Abuse Prevention and Response, page 9 states that incarcerated individuals/detainees may not be disciplined for refusing to answer, or for not disclosing complete information. The interview with the staff responsible for risk screening indicated that incarcerated individuals are not disciplined for refusing



to answer any of the questions in the risk screening.

115.41 (i): 14-2 Sexual Abuse Prevention and Response, page 10 states that the facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the incarcerated individual/detainee's detriment by staff or other incarcerated individual/detainees. Measures taken shall include, but are not limited to: screening interview shall be conducted with as much privacy as is reasonable given security and safety concerns; an incarcerated individual/detainee shall not be permitted to complete his/her own 14-2B form or utilize other assistance from other incarcerated individuals/detainees to complete the form; incarcerated individuals/detainees shall not be permitted access to files containing assessment forms belonging to other incarcerated individuals/detainees; and electronic assessments access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff and staff with a need to know for the safe and secure operations of the facility. Risk assessment information is electronic. During the on-site portion of the audit, the auditor had a security staff member pull up the electronic risk screening system to show what information could be viewed. The auditor observed that the security staff member did not have access to the risk screening form but could view the overall risk screening designation. The interview with the PC confirmed that agency policy outlines who should have access to the incarcerated individual's risk screening assessment within the facility in order to protect sensitive information from exploitation. She stated risk assessments (14-2B) and partner agency risk assessments are secured in the incarcerated individual's file in the records office where access is controlled to only those who have a need to know, such as Case Managers and treatment personnel. She further stated that the assessments on the computer are protected by passwords that are not accessible by all staff. The PCM stated that the agency has outlined who has access to risk screening information so that sensitive information is not exploited. She advised intake, classification and unit teams are those with access. The staff who conduct the risk screening indicated that the agency has implemented appropriate controls of the information so that sensitive information is not exploited.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-2B Sexual Abuse Screening Tool, a review of incarcerated individual files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random incarcerated individuals, this standard appears to require corrective action. The initial risk assessment is completed at the booking counter. The auditor observed that this area did not provide adequate privacy as the incarcerated individual was seated out in the open with other staff and incarcerated individuals. The booking staff ask the incarcerated individual questions on the electronic form, including if they were ever a victim, if they feel vulnerable, if they identify as LGBTIQ, if they have any prior sexual charges, if they have any violent offense, if they have a gang affiliation and if they have any discipline

while incarcerated. The staff use the response from the incarcerated individual and do not conduct any type of file review. The auditor had staff provide a demonstration of the reassessment process. Reassessments are completed by counselors. The staff advise the incarcerated individual they will be going over the questions they asked at intake. Staff pull up the electronic questions and then ask them the yes or no questions on the form. Staff indicated they do a quick check about violent offenses before they conduct the risk screening but the remainder is self-disclosure. Interviews with 22 incarcerated individuals that arrived within the previous twelve months indicated nine had a reassessment completed a few weeks after arrival. A review of 32 incarcerated individual files of those that arrived during the previous twelve months indicated seventeen had a reassessment. It should be noted most of those that were not provided were of incarcerated individual who arrived within the 30 days prior. A review of sexual abuse investigations indicated three required a reassessment based on incident of sexual abuse. Two of the three were documented with a reassessment.

Corrective Action

The facility will need to provide the requested risk assessments. If not available, further corrective action will be required. The facility will need to revamp their risk assessment process, to include the location that initial risk assessments are completed. Training will need to be conducted with appropriate staff on the risk assessment process, to include the requirement of a file review to confirm responses. A copy of the training will need to be completed. The auditor will need to conduct a phone interview with staff to confirm the process and location. Further, the PCM will need to review the current reassessment process to ensure that they are being completed appropriately and in-person.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training
2. Photo of Risk Screening Area
3. List of Sexual Abuse Allegations During Corrective Action Period

#### 4. Risk Screening Document

##### Additional Interview

##### 1. Interviews with Staff Responsible for Risk Screening

The facility provided the originally requested risk screening documents. All incarcerated individuals had a risk reassessment completed within 30 days of arrival.

The facility provided training documentation that was completed with staff related to the risk assessment process. A process/training memorandum, dated December 17, 2024, outlined the risk assessment process, including that questions are to be asked by staff in a private setting and that the risk assessment process requires that information be verified through a file review. Additionally, a PowerPoint was provided that covered all the information above. Staff signatures were provided confirming they received and understood the training.

A photo was provided of the renovations to the risk screening area. Plexiglass was added to the area as well as a sound machine to ensure adequate privacy when completing the risk assessment.

The auditor conducted phone interviews with risk screening staff to confirm the risk screening process. The initial risk screening staff advised they complete the risk screening in the area with the plexiglass. Staff turn on the sound machine prior to asking any questions. Questions are verbally asked from the risk assessment form and then information is verified through a review of the incarcerated individuals file. The reassessment staff confirmed that they complete the process in person in a private office setting. The staff stated they ask each question on the form. They complete a file review to confirm responses. It should be noted that a first staff member was interviewed and advised all information was self-disclosure. The auditor spoke to the PC and advised this was incorrect. The PC and facility staff spoke with all risk screening staff to determine if any others were conducting risk assessments this way. It was determined it was one staff that was not doing it correctly. This staff was re-trained and received discipline.

The originally requested reassessments due to incident of sexual abuse were provided. The reassessments were prior to the allegations of sexual abuse. As such, the auditor confirmed further corrective action was required. A list of sexual abuse allegations reported during the corrective action period were provided. Two required

	<p>reassessment due to incident of sexual abuse. Both victims departed the facility prior to the completion of the investigation. As such, the reassessment were not completed. The facility conducted training with the staff related to reassessment due to incident of sexual abuse. Staff signatures were provide to confirm receipt of training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities</li> <li>4. Human Rights Policy Statement</li> <li>5. Sample of Housing Determination Documents</li> <li>6. 14-9A Transgender/Intersex Assessment and Treatment Plan Form</li> <li>7. Transgender/Intersex Incarcerated Individual Biannual Reviews</li> <li>8. LGBTI Incarcerated Individual Housing Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interview with PREA Coordinator</li> <li>3. Interview with PREA Compliance Manager</li> <li>4. Interviews with Transgender/Intersex Incarcerated Individuals</li> <li>5. Interviews with Gay, Lesbian and Bisexual Incarcerated Individuals</li> </ol>

Site Review Observations:

1. Housing Assignments of LGBTI Incarcerated Individuals
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. 14-2 Sexual Abuse Prevention and Response, page 9 states that all incarcerated individual/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and programming assignments. The goal is to keep separate those incarcerated individuals/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Page 12 further states that the facility shall use the information from the 14-2B Sexual Abuse Screening Tool or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments in the consideration of housing, recreation, work, program and other activities.). A review of housing documentation of incarcerated individuals at high risk of victimization and high risk of abusiveness indicated they were housed together across ten housing units. Additionally, high risk victims and high risk abusers worked together in unsupervised work areas. The interview with the PREA Compliance Manager indicated that risk screening information is utilized for housing purposes. She stated they are very proactive with victims and predators and that they run a report daily to ensure incarcerated individuals are housed appropriately. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized to classify individuals. Individuals receive a designation and they do not mix designations (i.e. do not house predators with victims).

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each incarcerated individual. 14-2 Sexual Abuse Prevention and Response, page 12 states that the facility shall make individualized case-by-case determinations about how to ensure the safety of each incarcerated individual/detainee. A review of housing documentation of incarcerated individuals at high risk of victimization and high risk of abusiveness indicated they were housed together across ten housing units. Additionally, high risk victims and high risk abusers worked together in unsupervised work areas. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized to classify individuals. Individuals receive a designation and they do not mix designations (i.e. do not house predators with victims).

115.42 (c): The PAQ indicated the agency/facility does not make housing and program assignments for transgender or intersex incarcerated individuals in the facility on a case by case basis. The PAQ noted that housing is deemed by the USMS per their contract. Further communication with the PC indicated while the USMS determines the facility the incarcerated individual is housed, they do review transgender and intersex incarcerated individual housing and programming at the facility. 14-2 Sexual Abuse Prevention and Response, page 12 states that in deciding whether to house a transgender/intersex incarcerated individual/detainee in a male or female unit, pod, cell or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such incarcerated individuals/detainees, the facility shall consider whether the placement would ensure the incarcerated individual/detainee's health and safety and whether the placement would present management or security problems. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 6 states that following identification of a transgender or intersex incarcerated individual/detainee at intake (or upon identification after intake), the incarcerated individual/detainee shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form. Additionally, page 8 states that CoreCivic facilities shall not base housing placement decisions for transgender or intersex incarcerated individuals/detainees solely on the identify documents or physical anatomy of the incarcerated individual/detainee. The interview with the PCM indicated that transgender and intersex incarcerated individuals are housed based on how they are identified in the legal system. If they are identified as male they will be housed with male incarcerated individuals and they are basically housed however the US Marshall Service documents. She advised they consider health and safety and security and management when housing transgender and intersex incarcerated individuals. Interviews with transgender incarcerated individuals indicated two of the three were asked about their safety with regard to housing and programming. None of the three felt they were housed in somewhere based on their gender identity. A review of documentation for four transgender incarcerated individual indicated all four had a review completed and all were asked about housing, their safety and other accommodations.

115.42 (d): 14-2 Sexual Abuse Prevention and Response, page 12 indicates placement and programming assignments for each transgender or intersex incarcerated individual/detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced the incarcerated individual/detainee. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 7-8 state that a reassessment shall be completed any time that additional relevant information becomes known or following any indicating of victimization or threats of safety experienced by the incarcerated individual/detainee. At minimum, SART shall consider the following in the reassessment: changes in the transgender incarcerated individual/detainee's housing preferences; variations in the incarcerated individual/detainee's medical or mental health status;

safety/security of the incarcerated individual/detainee, other incarcerated individual/detainees, and/or facility staff; any threats to safety experienced by the incarcerated individual/detainee; continued availability of housing; and concerns documented by the facility. A review of four transgender incarcerated individual files indicated two were at the facility long enough for biannual reviews. The facility only provided one review for each incarcerated individual. The PCM stated they conduct assessments once a year on transgender and intersex incarcerated individuals unless something takes place with an incident that would require additional assessments.

115.42 (e): 14-2 Sexual Abuse Prevention and Response, page 12, indicates that transgender and intersex incarcerated individual/detainee gender self-identification of safety needs shall be given serious consideration in all housing and programming assignments. The Human Rights Policy Statement indicates on page 1 that CoreCivic policy includes protection for freedom of expression and identity, including freedom from discrimination or harassment based on race, religion, national origin, sex, gender, sexual orientation, disability or political views and freedom of personal grooming. Interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex incarcerated individuals' views with respect to their safety are given serious consideration. Interviews with transgender incarcerated individuals indicated two of the three were asked about their safety with regard to housing and programming.

115.42 (f): 14-2 Sexual Abuse Prevention and Response, page 16 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 8 indicate that transgender and intersex incarcerated individuals/detainees shall be given the opportunity to shower separately from other incarcerated individuals/detainees. Facilities should adopt procedures that will afford transgender and intersex incarcerated individual/detainees the opportunity to disrobe, shower and dress apart from other incarcerated individual/detainees. During the tour the auditor observed that showers provided privacy via curtains and half walls. Most of the housing units had group showers. Curtains were observed at the entrance to the group showers. Interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex incarcerated individuals are provided the opportunity to shower separately. The PCM stated transgender and intersex incarcerated individuals shower during count time when the rest of the population is not out. Interviews with the transgender incarcerated individuals indicated all three are afforded the opportunity to shower separately.

115.42 (g): 14-2 Sexual Abuse Prevention and Response, page 13 states that the establishment of a unit, pod or wing solely dedicated to the house of LGBTI and/or gender non-conforming incarcerated individuals/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority. The interviews with the PC and PCM confirmed that the agency does not have a consent

decree. The PC stated that it is contrary to CoreCivic policy to place LGBTI incarcerated individuals together in one dedicated unit. She stated that housing decision are made at the facility level using the screening forms to assess risk. Interviews with LGBTI incarcerated individuals indicated that none of the five felt that LGBTI incarcerated individuals were placed in any specific housing unit based on their sexual preference and/or gender identity. A review of housing assignments for six identified LGBTI incarcerated individuals indicated they were assigned to three different housing units. It should be noted that transgender incarcerated individuals were all housed in the same housing unit. It was determined that this housing unit was utilized for high risk individuals and was not solely based on gender identity. The facility provided documentation illustrating that prior transgender incarcerated individuals were housed in other housing units prior to confirm they are not housed based on gender identity. It should be noted that the facility does not track LGB incarcerated individuals.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, the Human Rights Policy Statement, a sample of housing determinations, 14-9A Transgender/Intersex Assessment and Treatment Plan forms, transgender/intersex incarcerated individual biannual reviews, LGBTI incarcerated individual housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI incarcerated individuals, indicates that this standard appears to require corrective action. A review of housing documentation of incarcerated individuals at high risk of victimization and high risk of abusiveness indicated they were housed together across ten housing units. Additionally, high risk victims and high risk abusers worked together in unsupervised work areas. A review of four transgender incarcerated individual files indicated two were at the facility long enough for biannual reviews. The facility only provided one review for each incarcerated individual. The PCM stated they conduct assessments once a year on transgender and intersex incarcerated individuals unless something takes place with an incident that would require additional assessments.

#### Corrective Action

The facility will need to review their process for housing and program/work assignments high risk victims and abusers. Training with appropriate staff will need to be conducted. A copy of the training will need to be provided to the auditor. Appropriate housing changes will need to be made and an updated list of high risk individuals with their housing and work assignment will need to be provided. Further, the facility will need to ensure transgender and intersex incarcerated individuals have biannual assessments completed. The originally requested documents will need to be provided. If not available, the facility will need to conduct necessary biannual reviews and provide to the auditor. Appropriate staff will need to be trained on the process, to



include the PCM. A copy of the training will need to be provided.

#### Verification of Corrective Action Since the Interim Audit Report

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

#### Additional Documents:

1. Documentation of Housing Changes
2. Staff Training
3. OMS Updates
4. Updated High Risk List
5. Mitigating Factors Document
6. Transgender Assessments

The facility provided a screenshot of housing changes that were made due to high risk designations not matching.

A training PowerPoint was provided on assignments of high risk victims and high risk abusers and the goal of keeping them separate. Staff signatures were provided confirming the training.

The agency provided documentation of updates to OMS (Offender Management System) to prevent victims from being housed with predators. The updates include a spreadsheet that is generated as well as direction to staff on how the system works.

The facility provided updated high risk lists. The auditor observed four housing units still had victims and predators housed together (same unit, not same cells). A document was provided related to mitigating factors. It advised that all housing units have direct staff supervision (staff assigned within the unit) as well as video monitoring technology. It also notes that victims and predators are separated by tier. The document also advised that housing units are based on custody level and gang

	<p>affiliation and need to separate based on these traits. The work assignments appeared to be adequate.</p> <p>Further, the facility provided a list of all current transgender incarcerated individuals and assessments. Only two had been at the facility longer than six months, both had a biannual assessment. All others had at an initial risk assessment, a 30 day reassessment and at least one 14-09A.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.43	Protective Custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management</li> <li>4. Housing Assignments of Incarcerated Individuals at High Risk of Victimization</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Staff who Supervise Incarcerated Individuals in Segregated Housing</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations in the Restrictive Housing Unit</li> </ol> <p>Findings (By Provision):</p>

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of incarcerated individuals at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. 14-2 Sexual Abuse Prevention and Response, page 13 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that incarcerated individual/detainees at high risk for sexual victimization shall not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. The Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. A review of housing assignments for incarcerated individuals at high risk of victimization indicated that none were placed in segregation due to their risk of victimization.

115.43 (b): 14-2 Sexual Abuse Prevention and Response, page 13 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that incarcerated individuals/detainees placed in restrictive housing pursuant to section I.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. During the tour the auditor observed the restrictive housing units. Both housing units were two tiered with double bunked cells. A hearing room and property room were located in the sally port of the building. Searches are conducted in the showers, which provide privacy through curtains. A separate recreation area with enclosures was observed. Incarcerated individuals are out of cell three times a week for showers, daily for recreation and daily for the step down program. Phone calls are authorized daily in cell through a portable phone. Tablets are accessible daily as well. Mail and grievances are placed in a locked box that is brought around daily by staff. The auditor also observed a medical room in the sally port that could be utilized for routine medical services. The interview with the staff who supervise incarcerated individuals in segregated housing indicated that any incarcerated individuals placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible. She stated work opportunities would be limited but they would have access. The staff confirmed that any restrictions would be documented. There were no incarcerated individuals in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (c): 14-2 Sexual Abuse Prevention and Response, page 13 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ indicated there have been zero instances where incarcerated individuals have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated the investigator would initiate an investigation and they would release the incarcerated individual back to population as soon as feasible. He further noted they do not keep anyone in restrictive housing over 30 days. The interview with the staff who supervise incarcerated individuals in segregated housing indicated that an incarcerated individual would only be involuntarily segregated until they could find alternative housing. The staff stated they would typically wait for the investigator to clear the incarcerated individual to go back to general population and this would take no more than a few weeks.

115.43 (d): 14-2 Sexual Abuse Prevention and Response, page 13 states if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the incarcerated individual/detainee's safety and the reason(s) why no alternative means of separation can be arranged. There were no incarcerated individuals at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual a review every 30 days to determine whether there is a continuing need for separation from the general population. 14-2 Sexual Abuse Prevention and Response, page 13 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that every 30 days a review of each incarcerated individual/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed that incarcerated individuals in segregated housing would be reviewed at least every 30 days. The staff stated they do committee review meeting every seven days.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 10-1 Special Management/Restrictive Housing Unit Management, housing assignments for incarcerated individuals at high risk of victimization, observations from the facility tour as well as information from the interviews with the Warden and staff who supervise incarcerated individuals in segregated housing, this standard appears to be

	compliant.
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Memorandum of Understanding with Cushing Police Department</li> <li>4. 14-2AA PREA Pamphlet</li> <li>5. Detainee Handbook (Handbook)</li> <li>6. PREA Hotline Posters</li> <li>7. USMS PREA Bulletin</li> <li>8. I Have a Right Poster</li> <li>9. The Ethics Line Poster</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Compliance Manager</li> <li>2. Interviews with Random Staff</li> <li>3. Interviews with Random Incarcerated Individuals</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observation of PREA Reporting Information</li> </ol> <p>Findings (By Provision):</p> <p>115.51 (a): The PAQ stated that the agency has established procedures for allowing</p>

for multiple internal ways for incarcerated individuals to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other incarcerated individuals or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 14-2 Sexual Abuse Prevention and Response, page 16 states that incarcerated individuals/ detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other incarcerated individuals/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy further states that incarcerated individuals/ detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: verbally to any employee, including the facility Chaplain; submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call; calling the facility 24 hour toll free phone number; forwarding a letter, sealed and marked confidential to the Warden or any other employee; calling or writing someone outside the facility who can notify facility staff; contacting the facility PCM and electronically reporting allegations to the PREA mailbox in the CORES system (where available). Additionally, policy advises that USMS incarcerated individuals/detainees have pertinent information posted in each unit concerning procedures for reporting a sexual assault to staff, the U.S. Marshal, the field office Director, or the Office of the Inspector General (OIG) by mail or by phone. A review of additional documentation to include the Handbook, 14-2AA PREA Pamphlet, USMS PREA Bulletin, PREA Hotline Poster and I Have a Right Poster indicates that they inform incarcerated individuals of numerous reporting mechanism. The Handbook advises detainee that they can report through a letter, through a grievance, by verbally telling any employee, by submitting a request, through a third party, through the USMS phone number, through the facility hotline number and through the Cushing Police Department. The USMS PREA Bulletin advises incarcerated individuals they can report via: any staff member, by filing an emergency grievance, by writing to the Office of the Inspector General, by calling the Office of the Inspector General and by writing a letter to the person in charge of the USMS. The 14-2AA PREA Pamphlet advises incarcerated individuals they can report to any staff, volunteer, contractor, chaplain, medical or mental health staff, by telling a family member, friend or anyone else outside the facility who can report on their behalf by calling the facility, by calling the PREA hotline number, by calling the number posted to an agency outside of the facility (you can remain anonymous upon request) and by reporting on someone's behalf or someone at the facility can report on their behalf. The I Have a Right Poster includes the hotline information and to report to staff. The PREA Hotline Poster includes information on reporting via the internal PREA hotline, by writing or calling the USMS and by reporting to the external reporting entity, the Cushing Police Department (via mailing address). The auditor observed that PREA information was posted via the PREA Hotline Poster, the I Have a Right Poster and the USMS PREA Bulletin. Additionally, the hotline number was observed to be painted above the phones in each housing unit. Further, a few housing units had the 14-2AA PREA Pamphlet posted. All postings were in English and Spanish. Most posters were on letter size paper, however the I Have a Right Poster was oversized with English

and Spanish information on one poster. The painted hotline number was observed in oversized font. PREA information was also observed to be posted/painted in common areas across the facility. While all housing units have some form of PREA posted information, not all housing units had each poster. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any PREA information observed on these resources. During the tour the auditor tested the internal reporting mechanisms. The auditor had an incarcerated individual assist with calling the hotline via the speed dial number. The auditor left a message on the voicemail on August 20, 2024. Confirmation was provided by the Warden on the same date that the call was received. He illustrated he received the information via text message. The auditor also submitted a written report via a locked mailbox in the housing unit. The auditor had an incarcerated individual assist with completing a form on August 20, 2024. The auditor received confirmation that the document was received on August 21, 2024. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any reporting methods available to them through these resources. Interviews with 30 incarcerated individuals indicated all 30 knew at least one method to report an allegation of sexual abuse or sexual harassment. Incarcerated individuals stated they could report through the hotline number, via grievance or to staff. The fourteen random staff interviewed stated that incarcerated individuals can report through the hotline number, through family, to staff or in writing.

115.51 (b): The PAQ stated that the agency provides at least one way for incarcerated individuals to report abuse or harassment to a public entity or office that is not part of the agency. 14-2 Sexual Abuse Prevention and Response, page 17 states that each facility shall provide at least one way for incarcerated individuals/detainees to report abuse or harassment to a public entity or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward incarcerated individual/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the incarcerated individual/detainee to remain anonymous upon request. The policy states that at the facility, detainees can dial #74 from any detainee phone free of charge to report abuse or harassment to a staffer at Wings for Hope. Additionally, policy outlines that incarcerated individuals/detainees detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The MOU with Cushing Police Department indicates that the police agree to receive and forward written communication alleging sexual abuse and harassment from incarcerated individuals, and calls or written communication from outside third parties on behalf of an incarcerated individual resident, to the Warden and/or facility investigator, thereby allowing the incarcerated individual resident or third party reporter to remain anonymous by request. A review of additional documentation noted that the Handbook and the PREA Hotline Poster included information on the external reporting entity. The Handbook advises detainees that they can report to an agency outside CoreCivic and the USMS by writing to the Cushing Police Department (address provided). A review of the PREA Hotline Poster

notes that it advises incarcerated individuals they can report to the Cushing Police Department (mailing address provided) as the external reporting entity. The PREA Hotline Poster also advises that reports can be made anonymously and all reports will be referred for investigation. The auditor observed that PREA information was posted via the PREA Hotline Poster, the I Have a Right Poster and the USMS PREA Bulletin. Additionally, the hotline number was observed to be painted above the phones in each housing unit. Further, a few housing units had the 14-2AA PREA Pamphlet posted. All postings were in English and Spanish. Most posters were on letter size paper, however the I Have a Right Poster was oversized with English and Spanish information on one poster. The painted hotline number was observed in oversize font. PREA information was also observed to be posted/painted in common areas across the facility. While all housing units has some form of PREA posted information, not all housing unit had each poster and the PREA Hotline Poster was the only document that notes the ability to remain anonymous when reporting to the external reporting entity. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any PREA information observed on these resources. During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in the boxes in the housing units. They also can provide mail to the staff. None of the boxes were specific to sexual abuse or sexual harassment allegations. Incarcerated individuals have the ability to purchase writing materials through commissary and the facility has a policy for indigent incarcerated individuals. Incoming mail is picked up and then sorted. Regular mail is opened, read/scanned and a copy of the mail is made. Incarcerated individuals are provided the copy of the mail. Legal mail is verified and logged. Legal mail is delivered to the incarcerated individual who opens the mail in front of staff so they can inspect it for contraband. Outgoing mail is collected daily. Staff go through all regular mail and read all regular mail. Legal mail is inspected to ensure there is not any contraband but is not read. The interview with the mailroom staff indicated correspondence with Cushing Police Department and the local rape crisis center is treated as legal mail. The auditor tested the external reporting mechanism via a letter to the Cushing Police Department. The auditor sent the letter on August 20, 2024 via the facility mail. The auditor received a call on August 27, 2024 from the Cushing Police Department Chief confirming the letter was received. He advised if an allegation was reported he would notify the Warden at the facility. He also stated anything that was not criminal in nature would be referred back to the facility for investigation. He advised incarcerated individuals can remain anonymous when reporting. The interview with the PCM indicated incarcerated individuals can report through the hotline, on the tablet and by writing to the Sheriff's Office. The PCM stated she was unaware of how the information was provided back to the facility but she would hope the Sheriff's Office would notify the Warden or CoreCivic. Interviews with 30 incarcerated individuals indicated eight were aware of the outside reporting mechanism and fourteen knew they could report anonymously. During the interim report period the facility updated policy related to the external reporting entity. Page 17 was updated to state that each facility shall provide at least one way for incarcerated individuals/detainees to report abuse or harassment to a public entity or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward incarcerated individual/detainee reports of sexual abuse and



sexual harassment to facility officials, allowing the incarcerated individual/detainee to remain anonymous upon request. The policy states that at the facility, detainees can report to the Office of the Inspector General (phone number) or the Cushing Police Department (mailing address).

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately but policy requires documentation prior to the end of the current shift. 14-2 Sexual Abuse Prevention and Response, page 17 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. Additionally during the tour, the auditor had staff demonstrate how they document verbal reports. Staff illustrated that they document verbal reports via a written report (5-1C form). 5-1C forms are available in all housing units and in the administrative area. Staff indicated they fill out the necessary information on the form and they print it and sign it. The form is then provided to the Shift Supervisor. Interviews with 30 incarcerated individuals indicated 26 knew they could report verbally and/or in writing to staff and sixteen knew they could report through a third party. Interviews with fourteen staff indicated incarcerated individuals can report verbally, in writing, anonymously and through a third party. Staff advised verbal reports would be documented via a 5-1C. A review of fifteen (three were not provided at the issuance of the interim report) investigative reports indicated ten were reported verbally to staff. All ten were documented via the serious incident log, through witnesses statements and/or through inter-office communication reports by staff.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of incarcerated individuals. The PAQ stated that staff can report through the CoreCivic Ethics Hotline and they are informed of through in-service training, meetings and roll call. 14-2 Sexual Abuse Prevention and Response, page 18 states that CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment to the CoreCivic 24-hour Ethics line at 1-800-461-9330 or through [www.CoreCivic.ethicspoint.com](http://www.CoreCivic.ethicspoint.com). Interviews with fourteen staff indicate all fourteen were aware that they can privately report sexual abuse and sexual harassment of incarcerated individuals.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Handbook, PREA Hotline Poster, USMS PREA Bulletin, I Have a Right Poster, the Ethics Line Poster, the 14-2AA PREA Pamphlet, observations from the facility tour and interviews with the PCM, random incarcerated individuals and random staff, this standard appears to require corrective action. While all housing units has some form

of PREA posted information, not all housing unit had each poster and the PREA Hotline Poster was the only document that notes the ability to remain anonymous when reporting to the external reporting entity. The interview with the PCM indicated incarcerated individuals can report through the hotline, on the tablet and by writing to the Sheriff's Office. The PCM stated she was unaware of how the information was provided back to the facility but she would hope the Sheriff's Office would notify the Warden or CoreCivic. Interviews with 30 incarcerated individuals indicated eight were aware of the outside reporting mechanism and fourteen knew they could report anonymously.

#### Corrective Action

The facility will need to ensure that the external reporting entity information is available for incarcerated individuals. Photos of the posted information across housing units will need to be provided. Additionally, staff, including the PCM, will need to be trained on the external reporting process for incarcerated individuals.

#### Verification of Corrective Action Since the Interim Audit Report

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

#### Additional Documents:

1. Photos of Posted Information
2. Staff Training

The facility provided numerous photos of posted PREA information. The photos confirmed that the information was accurate and consistent. The posted information included internal and external reporting information, including hotline numbers, mailing addresses and directions on how to call/write.

Additionally, a PowerPoint training was provided that outlined that the Cushing Police Department is the external reporting mechanism for incarcerated individuals. Staff signatures were provided confirming they received and understood the information.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Grievance Log</li> </ol> <p>Findings (By Provision):</p> <p>115.52 (a): The PAQ and further communication with the PC indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 17 states that CoreCivic facilities do not maintain administrative procedures to address incarcerated individual/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility incarcerated individual/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an incarcerated individual/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.</p> <p>115.52 (b): The PAQ and further communication with the PC indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 17 states that CoreCivic facilities do not maintain administrative procedures to address incarcerated individual/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility incarcerated individual/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an incarcerated individual/detainee grievance, whether inadvertently or due to contracting agency requirements, it will</p>

immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (c): The PAQ and further communication with the PC indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 17 states that CoreCivic facilities do not maintain administrative procedures to address incarcerated individual/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility incarcerated individual/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an incarcerated individual/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (d): The PAQ and further communication with the PC indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 17 states that CoreCivic facilities do not maintain administrative procedures to address incarcerated individual/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility incarcerated individual/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an incarcerated individual/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy. The PAQ noted there were six sexual abuse allegations reported via a grievance. A review of documentation indicated there were three allegations of sexual abuse. Two were forwarded for investigation. One was not forwarded for investigation as the incarcerated individual recanted the allegation.

115.52 (e): The PAQ and further communication with the PC indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 17 states that CoreCivic facilities do not maintain administrative procedures to address incarcerated individual/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility incarcerated individual/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an incarcerated individual/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

	<p>115.52 (f): The PAQ and further communication with the PC indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 17 states that CoreCivic facilities do not maintain administrative procedures to address incarcerated individual/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility incarcerated individual/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an incarcerated individual/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.</p> <p>115.52 (g): The PAQ and further communication with the PC indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 17 states that CoreCivic facilities do not maintain administrative procedures to address incarcerated individual/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility incarcerated individual/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an incarcerated individual/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and the grievance log, this provision is not applicable and as such compliant.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Memorandum of Understanding with Wings of Hope</li> <li>4. 14-2AA PREA Pamphlet</li> </ol>

5. Detainee Handbook (Handbook)
6. PREA Hotline Poster
7. USMS PREA Bulletin
8. I Have a Right Poster

Interviews:

1. Interviews with Random Incarcerated Individuals
2. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse by; giving incarcerated individuals mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving incarcerated individuals mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between incarcerated individuals and these organizations in as confidential a manner as possible. 14-2 Sexual Abuse Prevention and Response, page 8 states that incarcerated individuals shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. Policy outlines that at the facility, emotional support services are provided by Wings of Hope. Additionally, page 9 states contact information for immigrant services agencies shall be provided only for persons detained solely for civil immigration purposes. The MOU with Wings of Hope confirms that they agree to provide a sexual abuse/assault crisis line number and mailing address that may be posted throughout the facility as well as in written resources given to residents. It also states Wings of Hope will provide residents calling the hotline with information on the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the PREA Hotline Poster notes that it includes instructions for contacting Wings Of Hope through the speed dial number and the mailing address. The PREA Hotline Posters states that calls to Wings of Hope will be confidential and will not be monitored or recorded. The Handbook has a section for emotional support services and includes directions on how to contact the organization (Wings of Hope) through a speed dial number. It also has the mailing address for detainees to write for emotional support services. The USMS PREA Bulletin, I Have a Right Poster and the 14-2AA PREA

Pamphlet did not contain any information on Wings of Hope. The auditor observed that PREA information was posted via the PREA Hotline Poster, the I Have a Right Poster and the USMS PREA Bulletin. Additionally, a few housing units had the 14-2AA PREA Pamphlet posted. All postings were in English and Spanish. Most posters were on letter size paper, however the I Have a Right Poster was oversized with English and Spanish information on one poster. PREA information was also observed to be posted/painted in common areas across the facility. While all housing units has some form of PREA posted information, not all housing units had each poster. Further, victim advocacy information is only contained on the PREA Hotline Poster, which was not observed in each housing unit. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any PREA information observed on these resources. The auditor tested access to emotional support services through the speed dial number for Wings of Hope. The auditor reached a live staff member. The staff member indicated that the hotline is utilized for people in danger or crisis and they would not be able to provide services to incarcerated individuals calling the number. The Wings of Hope staff further advised that they would forward the incarcerated individual to the 988 hotline for services or they would refer them to "PREA". The auditor attempted to determine what the staff meant by "PREA" and the staff was unsure. The staff just continued to say she would refer to "PREA". The auditor confirmed there were issues with services from this organization. Interviews with 30 incarcerated individuals, including those who reported sexual abuse, indicated six were aware of outside emotional support services and eleven were provided a mailing address and telephone number to a local, state or national rape crisis center. Incarcerated individuals are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicated that the facility informs incarcerated individuals, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs incarcerated individuals about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 14-2 Sexual Abuse Prevention and Response, page 8 states reasonable communication between incarcerated individuals/detainees and the posted numbers for emotional support or advocacy services shall be permitted in as confidential manner as possible. The facility shall post the extent to which such communication will be monitored and/or recorded. The facility shall have a process in place to ensure that written correspondence between incarcerated individuals/detainees and these agencies may remain confidential. Incarcerated individuals/detainees shall be informed, prior to giving them access, of the extent to which such communication shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Page 9 further states that consistent with applicable laws and emotional support services provider policy, information shall be reported to the facility without the incarcerated individual's consent, in the event the incarcerated individual 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the

community agency information that relates to abuse or neglect of a child or vulnerable adult; or 4) threatens the security of the facility or to escape. The MOU with Wings of Hope confirms that they agree to provide a sexual abuse/assault crisis line number and mailing address that may be posted throughout the facility as well as in written resources given to residents. It also states Wings of Hope will provide residents calling the hotline with information on the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the PREA Hotline Poster notes that it includes instructions for contacting Wings Of Hope through the speed dial number and the mailing address. The PREA Hotline Posters states that calls to Wings of Hope will be confidential and will not be monitored or recorded. The Handbook has a section for emotional support services and includes directions on how to contact the organization (Wings of Hope) through a speed dial number. It also has the mailing address for detainees to write for emotional support services. The 14-2AA PREA Pamphlet states "calls made to community agency/rape crisis center PREA Hotline numbers are not monitored or recorded. Information that you provide to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. There are, however, certain situations and conditions under which staff from those agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. If confidential information must be disclosed, information will not be shared beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. If you are concerned about the extent to which community agencies forward reports of sexual abuse to law enforcement or the facility, you should discuss this with that agency when you place the call." None of the documents outline how mail to Wings of Hope is treated. The USMS PREA Bulletin and the I Have a Right Poster did not contain any information related to emotional support services. The auditor observed that PREA information was posted via the PREA Hotline Poster, the I Have a Right Poster and the USMS PREA Bulletin. Additionally, a few housing units had the 14-2AA PREA Pamphlet posted. All postings were in English and Spanish. Most posters were on letter size paper, however the I Have a Right Poster was oversized with English and Spanish information on one poster. PREA information was also observed to be posted/painted in common areas across the facility. While all housing units has some form of PREA posted information, not all housing units had each poster. Further, victim advocacy information is only contained on the PREA Hotline Poster, which was not observed in each housing unit. It should be noted that incarcerated individuals have tablets and kiosks, however there was not any PREA information observed on these resources. During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in the boxes in the housing units. They also can provide mail to the staff. None of the boxes were specific to sexual abuse or sexual harassment allegations. Incarcerated individuals have the ability to purchase writing materials through commissary and the facility has a policy for indigent incarcerated individuals. Incoming mail is picked up and then sorted. Regular mail is opened, read/scanned and a copy of the mail is made. Incarcerated individuals are provided the copy of the mail. Legal mail is verified and logged. Legal



mail is delivered to the incarcerated individual who opens the mail in front of staff so they can inspect it for contraband. Outgoing mail is collected daily. Staff go through all regular mail and read all regular mail. Legal mail is inspected to ensure there is not any contraband but is not read. The interview with the mailroom staff indicated correspondence with Cushing Police Department and the local rape crisis center is treated as legal mail. Interviews with 30 incarcerated individuals, including those who reported sexual abuse, indicated six were aware of outside emotional support services and eleven were provided a mailing address and telephone number to a local, state or national rape crisis center. The majority were unsure any specifics on the victim advocacy organization.

115.53 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide incarcerated individuals with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. 14-2 Sexual Abuse Prevention and Response, page 8 states that CoreCivic shall maintain, or attempt to enter into, Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide incarcerated individuals with confidential emotional support services. Additionally, it states that all MOUs must be reviewed and approved by the CoreCivic Legal Department prior to signature. The facility and Legal shall maintain copies of the MOUs. A review of documentation indicated the facility has an MOU with Wings of Hope that was signed on October 4, 2021.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the 14-2AA PREA Pamphlet, the MOU with Wings of Hope, the Handbook, PREA Hotline Poster, USMS PREA Bulletin, I Have a Right Poster, observations from the facility tour and information from interviews with random incarcerated individuals and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. While all housing units has some form of PREA posted information, not all housing units had each poster. Further, victim advocacy information is only contained on the PREA Hotline Poster, which was not observed in each housing unit. None of the documents outline how mail to Wings of Hope is treated. The auditor tested access to emotional support services through the speed dial number for Wings of Hope. The auditor reached a live staff member. The staff member indicated that the hotline is utilized for people in danger or crisis and they would not be able to provide services to incarcerated individuals calling the number. The Wings of Hope staff further advised that they would forward the incarcerated individual to the 988 hotline for services or they would refer them to "PREA". The auditor attempted to determine what the staff meant by "PREA" and the staff was unsure. The staff just continued to say she would refer to "PREA". The auditor confirmed there were issues with services from this organization. Interviews with 30 incarcerated individuals, including those who reported sexual abuse, indicated six were aware of outside emotional support services and eleven were provided a mailing address and

telephone number to a local, state or national rape crisis center.

#### Corrective Action

The facility will need to update information to include how mail to and from the local rape crisis center is treated. A copy of the updated information will need to be provided. The facility will need to ensure information related to Wings of Hope is consistently posted in each housing unit (or available via another method – i.e. on the tablet). Photos of the posted information will need to be provided. The facility will need to work with Wings of Hope staff to ensure access to the appropriate hotline. The facility will need to provide confirmation of the services as well as confirmation of the test of the hotline on the incarcerated individual phone system.

#### Verification of Corrective Action Since the Interim Audit Report

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

#### Additional Documents:

1. Photos of Posted Information
2. Wings of Hope Information
3. Test Call to Wings of Hope
4. Mail Memo
5. Photos of Mail Memo

The facility provided numerous photos of posted PREA information. The photos confirmed that the information was accurate and consistent. The posted information included the mailing address and hotline number for the emotional support service.

Documentation was provided related to the established relationship with Wings of Hope. The documentation noted that Wings of Hope staff toured the facility. It also noted that Wings of Hope staff confirmed the services they provide and the working

	<p>relationship. The PCM completed a test call to Wings of Hope from the incarcerated individual phones during the tour of the facility with the Wings of Hope staff. Documentation confirmed that the call went through and that the Wings of Hope staff were aware of the services they provide for incarcerated individuals over the phone.</p> <p>A memo was provided that advised mail to Wings of Hope is treated as confidential. Photos were provided of the memo posted in the mailroom and in incarcerated individual housing units.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.54	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Resident Concerns Poster</li> </ol> <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an incarcerated individual. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteer, and interested parties may report allegation of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics Line at 1-800-461-9330 or through <a href="http://www.CoreCivic.ethicspoint.com">www.CoreCivic.ethicspoint.com</a>. A review of the agency's website confirms that third parties can report via the phone number or the weblink above. The agency website and third party reporting information is found at <a href="https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea">https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a>. During the tour the auditor viewed visitation and the front entrance area. The auditor observed the Resident Concerns Poster in English on letter size paper. The auditor highly recommends that the facility post this</p>

	<p>information in Spanish as well. The auditor completed a report through the ethics line website. The auditor immediately received an email from the Director of Ethics and Compliance indicating that the report was received. The auditor was copied on an email to the facility leadership related to the test. The facility leadership responded indicating they received the test report. The Director of PREA Compliance and Investigations also responded and indicated that she would track the case and schedule a call to discuss the investigation.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Resident Concerns Poster and the agency's website this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility post the Resident Concerns Poster in Spanish.</p>
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115.61 Staff and agency reporting duties	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Random Staff</li> <li>2. Interviews with Medical and Mental Health Staff</li> <li>3. Interview with the Warden</li> <li>4. Interview with the PREA Coordinator</li> </ol>

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 14-2 Sexual Abuse Prevention and Response, page 17 and the Policy Change Notice state that in accordance with this policy, all staff, including employees, contractors and volunteers are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation by other incarcerated individuals or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are to report all such incidents whether or not they occurred in a facility that is part of CoreCivic. Interviews with fourteen staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 14-2 Sexual Abuse Prevention and Response, page 17 states that apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse reported to anyone other than to the extent necessary and as specified in policy, to make treatment, investigation and other security and management decision. Interviews with fourteen staff confirmed that they would immediately report information to the Captain, Chief and/or Investigator.

115.61 (c): 14-2 Sexual Abuse Prevention and Response, page 17 states that unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outline in policy. At the initiation of providing medical care, both medical and mental health professionals will inform incarcerated individuals/detainees of their professional duty to report and the limitations of confidentiality. A review of investigative reports indicated none were reported to medical or mental health care staff. Interviews with medical and mental health care staff confirmed that they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion and information related to sexual abuse and sexual harassment that occurred in an institutional setting. Additionally, both staff indicated they had never previously

	<p>become aware of such incidents.</p> <p>115.61 (d): 14-2 Sexual Abuse Prevention and Response, page 20 states that If an alleged victim is under the age of eighteen or is considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency or applicable contracting governmental agency. The interview with the PC indicated that each state has its own laws and reporting requirements. She stated in most of the facilities a notification to law enforcement and a partner agency triggers the notification to any other agency as required. The interview with the Warden indicated reports of sexual abuse by youthful incarcerated individuals and vulnerable adults are reported to the investigator, US Marshall Service and Cushing Police Department. He stated there is not a difference for these populations, all are reported and investigated the same. He further advised they have not housed anyone under eighteen.</p> <p>115.61 (e): 14-2 Sexual Abuse Prevention and Response, page 17 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Additionally, policy states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. The interview with the Warden indicated reports of sexual abuse by youthful incarcerated individuals and vulnerable adults are reported to the investigator, US Marshall Service and Cushing Police Department. A review of ten investigations indicated ten were reported verbally to staff, three were reported in writing and one was reported via a third party. All allegations were reported to the facility investigator.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden, this standard appears to be compliant.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview Facilitator Guide
4. First Responder Card
5. Investigative Reports

Interviews:

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

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an incarcerated individual is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the incarcerated individual. 14-2 Sexual Abuse Prevention and Response, page 17 states that when it is learned that an incarcerated individual/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the incarcerated individual/detainee. The PAQ stated that there have been zero incarcerated individuals were subject to substantial risk of imminent sexual abuse within the previous twelve months. A review of the First Responder Card and PREA Overview Facilitator Guide training indicates that staff are provided information on responding to sexual abuse and sexual harassment, including what protective actions to take (i.e. separating the individuals). A review of documentation indicated there were zero incarcerated individuals deemed at imminent risk. However there were incarcerated individuals who reported sexual harassment, a precursory behavior to sexual abuse. The facility took immediate action upon learning of the sexual harassment. The interview with the Agency Head Designee indicated that staff take immediate action when they learn that an incarcerated individual is subject to substantial risk of imminent sexual abuse. He stated staff would protect incarcerated individuals by removing the incarcerated individual from the area and/or individuals where risk may be stemming from and an investigation would be immediately initiated. The interview with the Warden indicated that if an incarcerated individual is at imminent risk of sexual abuse they would separate them from the potential threat. He advised they may place staff on leave or they may place another incarcerated individual in restricted housing. He advised they would not place the incarcerated individual at imminent risk in restricted housing unless it was the last resort. Interviews with fourteen staff confirmed that if

	<p>an incarcerated individual was at imminent risk of sexual abuse they would remove the individual from harm and protect him/her.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, First Responder Card, PREA Overview Facilitator Guide, investigative reports and interviews with the Agency Head Designee, Warden and random staff, this standard appears to be compliant.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> <li>4. Warden to Warden Notifications</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the Warden</li> </ol> <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 14-2 Sexual Abuse Prevention and Response, page 23 states that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency</p>



where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The PAQ stated there were three incarcerated individuals who reported sexual abuse that occurred at another facility during the previous twelve months. The facility provided three incident reports noting incarcerated individuals reported sexual abuse that occurred at another facility/agency. The facility provided one Warden to Warden notification that was provided within 72 hours. The other two were not provided as the facility indicated they had three Wardens during the timeframe and documentation was unable to be located.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 14-2 Sexual Abuse Prevention and Response, page 23 states that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The facility provided three incident reports noting incarcerated individuals reported sexual abuse that occurred at another facility/agency. The facility provided one Warden to Warden notification that was provided within 72 hours. The other two were not provided as the facility indicated they had three Wardens during the timeframe and documentation was unable to be located.

115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 14-2 Sexual Abuse Prevention and Response, page 23 states that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The facility provided three incident reports noting incarcerated individuals reported sexual abuse that occurred at another facility/ agency. The facility provided one Warden to Warden notification that was provided within 72 hours. The other two were not provided as the facility indicated they had three Wardens during the timeframe and documentation was unable to be located.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations

received from other facilities/agencies are investigated in accordance with the PREA standards. 14-2 Sexual Abuse Prevention and Response, page 23 states that upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the incarcerated individual/detainee was previously confined at the facility, the facility shall record the name of the agency making the notification and any information that may assist in determining whether an investigation was conducted. If the allegation was not reported and/or not investigated facility staff shall initiate reporting and investigations procedures in accordance with policy. The incident shall be reported through the 5-1 incident report. The PAQ stated there were three allegations received from another agency/facility. The interview with the Agency Head Designee indicated this occurs often at the facility level rather than at the corporate office level. The information is received by the Warden at the facility, however, any staff who receives the information know to report it to the Warden for appropriate action. It then gets added into the incident system and the PREA protocols are initiated. The Agency Head Designee further stated that if an allegation was alleged to have occurred at another facility, the Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was an incident of sexual abuse allegedly occurring within a CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified. He confirmed there are examples of such allegations and that the most common examples are allegations incarcerated individuals make during their intake process. He stated that the CoreCivic staff obtain as much information as possible from the incarcerated individual and provide this to the Warden at the other facility as part of the notification. The interview with the Warden indicated that if they receive a Warden to Warden notification they conduct an investigation. He stated they may recruit that agency/facility to assist with interviewing the victim if he/she is in their custody. He advised they had one allegation received via Warden to Warden notification from Miami and it was forwarded for investigation. A review of the investigative log and investigations confirmed three allegations were reported via Warden to Warden notification and all three were investigated by facility staff.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of investigations, notification documents and interviews with the Agency Head Designee and Warden, this standard appears to require corrective action. The facility provided three incident reports noting incarcerated individuals reported sexual abuse that occurred at another facility/agency. The facility provided one Warden to Warden notification that was provided within 72 hours. The other two were not provided as the facility indicated they had three Wardens during the timeframe and documentation was unable to be located.

Corrective Action

The facility will need to provide documentation of any Warden to Warden notifications

	<p>during the corrective action period in order to confirm the appropriate process. The facility should ensure documentation is maintained in the future to show compliance if staff turnover is high.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Warden to Warden Notifications</li> <li>2. Staff Training</li> </ol> <p>The facility provided additional documentation for six allegations reported at the facility that occurred at another facility. All six had a Warden to Warden notification documented. Four of the six Warden to Warden notifications were past the 72 hour timeframe. As such, additional corrective action was required.</p> <p>The PC conducted a training with facility staff on the appropriate timeframes for Warden to Warden notifications.</p> <p>There was one allegation reported by an incarcerated individual that occurred at another facility after the training. The Warden sent a notification to the Warden of the facility where the allegation occurred within 72 hours.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview Facilitators Guide
4. 14-2C Sexual Abuse Incident Checklist
5. First Responder Card
6. Investigative Reports

Interviews:

1. Interviews with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an incarcerated individual was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 14-2 Sexual Abuse Prevention and Response, page 19 states that upon learning of sexual abuse, the first security responder is required to complete the following; separate the alleged victim from the alleged abuse and when the alleged abuser is an incarcerated individual/detainee, he/she shall be secured in a single cell to facilitate the collection of evidence; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; ensure that the alleged victim is taken to the facility Health Services Department; and notify the highest supervisory authority on-site. Policy also states that while in the Health Services Department, and if the abuse occurred within a time period that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. Additionally, policy states that if the abuse occurred within a time period that allows for the collection of physical evidence and when the alleged abuser is an incarcerated individual/detainee, staff

shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. The PREA Overview Facilitators Guide confirmed that all staff are trained on first responder duties, including ensuring the victim does not shower, change clothes, use the restroom or consume fluids; notifying the highest ranking supervisor on site; securing the alleged perpetrator in a cell, file an incident report form, keep the information confidential, and secure the crime scene. An additional review of the Sexual Abuse Incident Check Sheet confirmed that first responder duties are listed on the checklist for staff to ensure they complete, if appropriate. The PAQ noted there were 22 sexual abuse allegations reported. Nine involved the immediate separation of alleged victim and abuser, two occurred within a timeframe that still allowed for evidence collection, two involved the preservation of a crime scene and two involved asking/instructing individuals not to take action to destroy any evidence. A review of fifteen allegations (three investigations not provided at the issuance of the interim report) indicated two involved first responder duties where staff separated the individuals, secured the crime scene, instructed them not to take action to destroy evidence and transported the victims to the hospital for a forensic medical examination. The security first responder stated that first responder duties include locking the pod down, separating the individuals, ensuring the individuals do not take action to destroy evidence, securing the scene, taking photos, escorting the victim to medical and mental health, taking the alleged perpetrator to segregation and having both the victim and perpetrator complete statements. The non-security first responder stated first responder duties include separating the individual, securing the area, and contacting the supervisor and the Captain. Interviews with fourteen random staff indicated they were knowledgeable of first responder duties. Interviews with incarcerated individuals who reported sexual abuse indicated they were all reported through different methods, including the hotline, through a third party and in writing. None involved any immediate first responder duties. Three of the four stated they were interviewed by someone about the incident.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 14-2 Sexual Abuse Prevention and Response, page 19 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, and then shall notify security staff. The PAQ stated there were zero sexual abuse allegations reported that involved a non-security staff first responder. A review of fifteen allegations (three investigations not provided at the issuance of the interim report) indicated two involved first responder duties, however neither were reported to a non-security first responder. The security first responder stated that first responder duties include locking the pod down, separating the individuals, ensuring the individuals do not take action to destroy evidence, securing the scene, taking

	<p>photos, escorting the victim to medical and mental health, taking the alleged perpetrator to segregation and having both the victim and perpetrator complete statements. The non-security first responder stated first responder duties include separating the individual, securing the area, and contacting the supervisor and the Captain. Interviews with fourteen random staff indicated they were knowledgeable of first responder duties.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitators Guide, the 14-2C Sexual Abuse Incident Checklist, First Responder Card, a review of investigative reports and interviews with random staff, staff first responders and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p>
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115.65 Coordinated response	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. CoreCivic Policy 13-79 Sexual Assault Response Protocol</li> <li>4. 13-79A Sexual Assault Response Protocol</li> <li>5. 14-2C Sexual Abuse Incident Check Sheet</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> </ol> <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. 14-2 Sexual Abuse Prevention and Response, page 18 states that in order</p>

	<p>to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that shall include, but is not limited to; PCM and/or ADO, medical representative, security representative, mental health representative and victim services coordinator. The policy is facility specific and outlines specific duties for Cimarron Correctional Facility. 13-79 Sexual Assault Response Protocol details facility specific information, additional medical and mental health requirements, additional reporting requirements and facility victim support/counseling. Additionally, 13-79A Sexual Assault Response Protocol and 14-2C Sexual Abuse Incident Check Sheet contain the requirements for an allegation of sexual abuse as it relates to first responders, Health Services, Shift Supervisors, victim advocates, SANE/SAFE, investigators and the PCM. The Warden confirmed that the facility has a plan and that it includes all the required components.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response Protocol, 13-79A, 14-2C and the interview with the Warden, this standard appears to be compliant.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Collective Bargaining Agreement with the International Union Security, Police, Fire Professionals of American (SPFPA)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> </ol> <p>Findings (By Provision):</p>

	<p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 28 states that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreements or other agreements that limits the company's ability to remove alleged employee sexual abusers from contact with any incarcerated individual/detainee pending the outcome of an investigation or of a determination of whether to what extent discipline is warranted. The interview with the Agency Head Designee confirmed that CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 20, 2012. He stated that the agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an incarcerated individual pending an investigation or disciplinary action. A review of the collective bargaining agreement confirmed that page 14 states that employees shall be subject to discipline for just cause including, but not limited to, violations set out in the Work Rule Appendix A to this Agreement.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Collective Bargaining Agreement and the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> <li>4. 14-2C Sexual Abuse Incident Check Sheet</li> <li>5. 14-2D PREA Retaliation Monitoring Report</li> </ol> <p>Interviews:</p>



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

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all incarcerated individuals and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other incarcerated individuals or staff. 14-2 Sexual Abuse Prevention and Response, pages 21-22 describe the monitoring process. Specifically, it states that incarcerated individuals/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other incarcerated individuals/detainees or staff. The PAQ noted that the PCM and the Chaplain are responsible for monitoring for retaliation.

115.67 (b): 14-2 Sexual Abuse Prevention and Response, page 22 states the facility shall employ multiple protective measures to monitor retaliation against incarcerated individuals/detainees including but not limited to; housing changes or transfers for incarcerated individuals/detainee victims or abusers; removal of alleged staff or incarcerated individual/detainee abuser from contact with victims; emotional support services for incarcerated individuals/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, page 21 states that ADO staff, or the Warden/Facility Administrator will determine, on a case by case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other incarcerated individuals/detainees is warranted. This determination will take into account the gravity and credibility of the allegation. A review of investigative reports and monitoring documents indicated that there has been no allegations of retaliation nor any reported fear of retaliation. Documentation indicated there were instances where the incarcerated individual victim and/or the incarcerated individual perpetrator was moved to a different housing unit and there were instances where a staff member was removed from contact with the victim, however none were directly linked to retaliation, but rather protective measures. Additionally, victims were offered emotional support services through mental health. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an incarcerated individual or staff member

expressed fear of retaliation. The interview with the Agency Head Designee indicated for both incarcerated individuals and staff who have reported allegations of sexual abuse, the agency provides monitoring on a 30/60/90 day period (longer if needed) to ensure no retaliation has occurred. He stated the reviews are documented on an attachment to the 14-2 policy. He stated the reviews take into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with incarcerated individuals and shift changes, evaluations, etc. for staff. He indicated that these reviews also occur for victims of sexual harassment/sexual abuse. Policies and practice prohibit retaliation for any reason and that they include this expectation in training with staff. He stated any violation would be acted upon accordingly. The interview with the Warden indicated the facility communicates that they have a zero tolerance for any retaliation. He advised they would protect the victim and/or person reporting the allegation and they would monitor the individual(s) to ensure they are not being retaliated against. The Warden confirmed that protective measures for retaliation can include housing changes, facility transfers, removal of contact with staff abusers and emotional support services. The interview with the staff responsible for monitoring indicated that his role is to interview the individual and ensure they are removed from the situation. He stated he complete the 30, 60 and 90 day monitoring process. He advised they remove the individual from the situation and then monitor them closely. He stated he lets them know they are there for support and that there is a zero tolerance for retaliation. He confirmed they can remove them from a pod, transfer facilities, remove staff from contact and provide emotional support. Interviews with incarcerated individuals who reported sexual abuse indicated three of the four felt safe at the facility and two felt protected against retaliation.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of incarcerated individuals or staff who reported sexual abuse and of incarcerated individuals who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by incarcerated individuals or staff. The PAQ indicated that monitoring is conducted for 90 days or longer, if needed, and that the agency/facility acts promptly to remedy any such retaliation. The PAQ further stated that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 14-2 Sexual Abuse Prevention and Response, pages 21-22 indicate that for at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of incarcerated individuals/detainees who reported sexual abuse and incarcerated individual/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by incarcerated individuals/detainees or staff. Policy states that the facility shall employ multiple protective measures to monitor retaliation against incarcerated individuals/detainees including but not limited to; housing changes or transfers for incarcerated individuals/detainee victims or abusers; removal of alleged staff or incarcerated individual/detainee abuser from contact with victims; emotional support services for incarcerated individuals/detainees who fear retaliation for reporting sexual abuse or

sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, policy states that for at least 90 days (30/60/90) following a report of sexual abuse the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are any changes that may suggest possible retaliation by incarcerated individuals/detainees or other staff. All monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form. Retaliation monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports and reassignments. Additionally, emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PAQ noted there were zero reports of retaliation. 14-2 Sexual Abuse Prevention and Response also states that the facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the facility determines that the allegation is unfounded. The Warden indicated that if an allegation of retaliation was reported or suspected they would conduct an investigation. The interview with the staff member responsible for monitoring for retaliation indicated monitoring is conducted for 90 days and if retaliation is suspected or reported they can monitor for 120 days or beyond if needed. The staff stated when monitoring for retaliation he reviews changes in attitude and looks at the responses he gets during the interviews. He confirmed he would review housing, program, job and discipline. A review of eleven (two were not provided at the issuance of the interim report) sexual abuse allegations indicated seven required monitoring for retaliation completed. Five of the seven had monitoring completed. Two had monitoring completed for 30 days until the incarcerated individual was released, one was not completed appropriately and two were completed for the full 90 days.

115.67 (d): 14-2 Sexual Abuse Prevention and Response, page 22 states that the facility shall employ multiple protective measures to monitor retaliation against incarcerated individuals/detainees including but not limited to; housing changes or transfers for incarcerated individuals/detainee victims or abusers; removal of alleged staff or incarcerated individual/detainee abuser from contact with victims; emotional support services for incarcerated individuals/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. A review of eleven (two were not provided at the issuance of the interim report) sexual abuse allegations indicated seven required monitoring for retaliation completed. Five of the seven had monitoring completed. All had periodic in-person status checks documented. The staff member who monitors for retaliation stated that in-person status checks are completed at the 30, 60 and 90 day mark.

115.67 (e): 14-2 Sexual Abuse Prevention and Response, page 23 states if any other

individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head Designee indicated that this is handled as described in provision (b). He stated agency policies and practices prohibit retaliation for any reason and they include this expectation in training with staff. He stated any violations would be acted upon accordingly. The interview with the Warden indicated the facility communicates that they have a zero tolerance for any retaliation. He advised they would protect the victim and/or person reporting the allegation and they would monitor the individual(s) to ensure they are not being retaliated against. The Warden confirmed that protective measures for retaliation can include housing changes, facility transfers, removal of contact with staff abusers and emotional support services. The Warden indicated that if an allegation of retaliation was reported or suspected they would conduct an investigation.

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports, 14-2Cs, 14-2Ds and interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation, and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. A review of eleven (two were not provided at the issuance of the interim report) sexual abuse allegations indicated seven required monitoring for retaliation completed. Five of the seven had monitoring completed. Two had monitoring completed for 30 days until the incarcerated individual was released, one was not completed appropriately and two were completed for the full 90 days.

#### Corrective Action

The facility will need to provide the originally requested documentation. If not available or inadequate, additional corrective action will be required.

#### Verification of Corrective Action Since the Interim Audit Report

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

	<p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Staff Training</li> <li>2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period</li> <li>3. Monitoring Documentation</li> </ol> <p>The facility did not provide the originally requested documentation. As such, corrective action was required. The facility provided training documentation that was completed with monitoring staff on the process for monitoring for retaliation. The training included the monitoring for retaliation form and how to utilize and complete the form.</p> <p>A list of sexual abuse allegations reported during the corrective action period and associated monitoring documents were provided. Only one victim remained at the facility for the full 90 days. All other had monitoring completed until the victim was released or transferred. Monitoring included necessary checks and in-person status checks.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Incarcerated Individual Victim Housing Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> </ol>

2. Interview with Staff who Supervise Incarcerated Individuals in Segregated Housing

Site Review Observations:

1. Observations of the Restrictive Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of incarcerated individuals who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual a review every 30 days to determine whether there is a continuing need for separation from the general population. 14-2 Sexual Abuse Prevention and Response, page 13 states that incarcerated individual/detainees at high risk for sexual victimization shall not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each incarcerated individual/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. It also states incarcerated individuals/detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations.

Additionally, it indicates that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days and if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c) ] the documentation of such actions shall clearly specify a basis for the facility concern for the incarcerated individual/detainee's safety and the reason(s) why no alternative means of separation can be arranged. The PAQ indicated that zero incarcerated individuals who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour the auditor observed the restrictive housing units. Both housing units were two tiered with double bunked cells. A hearing room and property room were located in the sally port of the building. Searches are conducted in the showers, which provide privacy through curtains. A separate recreation area with enclosures

was observed. Incarcerated individuals are out of cell three times a week for showers, daily for recreation and daily for the step down program. Phone calls are authorized daily in cell through a portable phone. Tablets are accessible daily as well. Mail and grievances are placed in a locked box that is brought around daily by staff. The auditor also observed a medical room in the sally port that could be utilized for routine medical services. The auditor requested housing documentation for the incarcerated individuals who reported sexual abuse, however at the issuance of the interim report the documentation had not yet been provided. The Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. He indicated that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He advised they have not involuntarily segregated a victim since he had been the Warden and that they would not keep someone in segregated housing more than 30 days. The interview with the staff who supervise incarcerated individuals in segregated housing indicated that any incarcerated individuals placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible. The staff stated that any restrictions would be documented. The staff further stated that an incarcerated individual would only be involuntarily segregated until they could find alternative housing. The staff stated they would typically wait for the investigator to clear the incarcerated individual to go back to general population and this would take no more than a few weeks. The staff further confirmed that if the incarcerated individual remained longer, he/she would be reviewed at least every 30 days. There were no incarcerated individuals who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, housing assignments for incarcerated individual victims of sexual abuse and the interviews with the Warden and staff who supervise incarcerated individuals in segregated housing, this standard appears to require corrective action. The auditor requested housing documentation for the incarcerated individuals who reported sexual abuse, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the requested documentation. Additional corrective action may be required once received.

	<p>Recommendation</p> <p>The auditor highly recommends the facility update policy to outline incarcerated individuals who reported sexual abuse, rather than just incarcerated individuals at high risk of victimization.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Housing Documentation</li> </ol> <p>The facility provided the originally requested documentation. Victims remained in the same housing status as when the allegation was reported or were moved to another housing unit of the same status. None of the victims were involuntarily segregated due to reporting sexual abuse.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> </ol>



3. CoreCivic Policy 5-1 Incident Reporting
4. CoreCivic Records Retention Schedule
5. Investigator Training Records
6. Investigative Reports

Interviews:

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

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 14-2 Sexual Abuse Prevention and Response, page 24 states that facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. A review of fifteen investigations (three were not provided at the issuance of the interim report) indicated all fifteen had an administrative investigation completed. Three were referred to the local Police Department, however they declined to investigation in all instances. All fifteen investigations were prompt, eleven of the investigation were thorough, and thirteen were objective. It should be noted that the investigations that were not thorough and objective were completed by prior investigators. More recent investigations completed by facility investigators were thorough and objective. The interview with the facility investigator indicated that an investigation would almost immediately be initiated, especially if he was on-site. He advised that he had not had an anonymous or third party reports yet but to his understanding it would be investigated the same as any other allegation.

115.71 (b): 14-2 Sexual Abuse Prevention and Detection, page 24 states the facility

shall use investigators for administrative investigations who have received special training in sexual abuse investigations pursuant to Standards 115.34 and 115.71. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of fifteen investigations (three were not provided at the issuance of the interim report) indicated they were completed by five facility investigators. Documentation was provided confirming they all had received specialized training.

115.71 (c): 14-2 Sexual Abuse Prevention and Detection, page 26 states investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data.

Investigators shall interview alleged victims, suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of fifteen investigations (three were not provided at the issuance of the interim report) indicated fourteen included interviews with the alleged victim, suspect and witness, when applicable. Nine included a review of evidence. One included documentation related to a review of prior complaints of the alleged perpetrator. The interview with the facility investigator indicated the first thing he would do after an allegation is reported is obtain the information from whoever the allegation was reported. He stated he would then determine if the incarcerated individual needed medical treatment or separated and would ensure these steps were taken. The investigator advised he would then gather the facts of the incident, review video monitoring technology, interview individuals involved and then look to see how he can go about obtaining more facts to determine the appropriate investigative outcome. He noted that he would be responsible for collecting evidence such as video, statements, DNA, interviews, and any physical evidence. He confirmed he would review prior complaints of the alleged perpetrator.

115.71 (d): 14-2 Sexual Abuse Prevention and Detection, page 26 states that when the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of fifteen investigations (there had not been provided at the issuance of the interim report) indicated none involved any compelled interviews. The interview with the facility investigator indicated he would not conduct any compelled interviews.

115.71 (e): 14-2 Sexual Abuse Prevention and Detection, page 26 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an incarcerated individual/detainee or staff. Additionally, it indicates that no agency shall require an incarcerated individual/detainee to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation.

The facility investigator stated that credibility is objective and would be based on the facts of the situation, including video and statements. The investigator confirmed that he would not require an incarcerated individual victim to take a polygraph or truth telling device test as a means to continue with the investigations. The incarcerated individuals who reported abuse confirmed that they were not required to take a polygraph or truth telling device test.

115.71 (f): 14-2 Sexual Abuse Prevention and Detection, pages 24-25 state that administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report and shall detail the following components: investigative facts, physical evidence, testimonial evidence, reasoning behind credibility assessments, investigative findings and an explanation as to how the conclusion of the investigations was reached. A review of fifteen investigations (three were not provided at the issuance of the interim report) indicated all fifteen were documented in a written report. Four of the reports were not adequate and did not include information related to interviews, evidence, etc. It should be noted that the investigative reports that were inadequate were completed by prior investigators. More recent investigations completed by facility investigators were appropriate. Two investigations involved staff discipline for actions or failures that contributed to the abuse. The facility investigator stated that all administrative investigations are documented in a written report. He advised the report would include a synopsis of the allegation, the body of the report, exhibits, and a list of participants. The report would contain information on the investigative findings, facts gathered, interviews, documents reviewed, video reviewed, policy reviewed, etc. He also advised that when conducting the investigation he would do everything he could within policy and guidance of the Warden to determine if staff actions or failure to act contributed to the incident.

115.71 (g): 14-2 Sexual Abuse Prevention and Detection, page 26 states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. A review of investigations indicated three were referred to the Police Department, however they declined to investigation in all instances. The facility investigator advised he does not conduct criminal investigations. He indicated outside law enforcement would investigate and he was unsure if they received a copy of the completed investigation. There were zero criminal investigations available for review.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 14-2 Sexual Abuse Prevention and Detection, page 26 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ noted there have been eleven

cases referred for prosecution. A review of investigations indicated three were referred to the Police Department, however they declined to investigation in all instances. The interview with the facility investigator indicated that they refer for criminal investigation if there is a violation of the law and then outside law enforcement would be responsible for referring for prosecution.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 14-2 Sexual Abuse Prevention and Detection, page 26 states that the agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The CoreCivic Record Retention Schedule confirmed that PREA investigative files are retained for five years after incarcerated individual release or post-employment of alleged abuser. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 14-2 Sexual Abuse Prevention and Detection, page 26 states that the departure of the alleged abuser or victim from employment control of the facility or agency shall not provide a basis for terminating an investigation. The facility investigator stated that he would complete any investigation he is assigned. He would work the investigation the best he could with the information available.

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

115.71 (l): 14-2 Sexual Abuse Prevention and Detection, page 26 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PC stated that each facility develops its own relationship with local law enforcement and must follow-up on cases. She indicated that where CoreCivic has more than one facility, the partner agency OIG is often consulted about the status of investigations. The interview with the Warden indicated that when an outside agency conducts sexual abuse investigations they remain informed through direct communication with the outside agency. He advised he calls and checks for updates. The PCM stated she had not had an outside investigation completed and she was not sure how good the outside agency was at providing information to the facility. The facility investigator stated that if an outside agency conducts an investigation he helps them with whatever is needed, including coordinating interviews, video review, etc.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 5-1

Incident Reporting, CoreCivic Records Retention Schedule, Investigator Training Records, Investigative Reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, the facility investigator and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. A review of fifteen investigations (three were not provided at the issuance of the interim report) indicated one included a review of prior complaints of the alleged perpetrator.

#### Corrective Action

The facility will need to ensure investigation are thorough and include a review of prior complaints of the alleged perpetrator. A list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports will need to be provided.

#### Verification of Corrective Action Since the Interim Audit Report

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

#### Additional Documents:

1. Staff Training
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
3. Investigative Reports

The facility provided training documentation that was completed by the PREA Coordinator with investigators on prompt, thorough and objective investigations, including review of prior complaints. A webinar was completed and attendance records confirmed the facility investigator attended the training.

A list of sexual abuse and sexual harassment allegations reported during the corrective action period and associated investigative reports were provided. All but one investigation included documentation of a review of prior complaints.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire</li><li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li><li>3. Investigative Reports</li></ol> <p>Interviews:</p> <ol style="list-style-type: none"><li>1. Interview with Investigative Staff</li></ol> <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 14-2 Sexual Abuse Prevention and Response, page 25 states that in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. A review of fifteen administrative investigations (three had not been provided at the issuance of the interim report) indicated three did not have an appropriate investigative outcome and two did not utilize a preponderance of the evidence. It should be noted that investigations with inaccurate investigative findings and those that did not utilize a preponderance of the evidence were from prior facility investigators (2023). All 2024 investigations had appropriate finding and the appropriate level of evidence utilized. The interview with the facility investigator confirmed that the level of evidence to substantiate an administrative investigation is a preponderance of evidence.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response,</p>

	investigative reports and information from the interview with the facility investigator, this standard appears to be compliant.
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> <li>4. 14-2E Inmate PREA Allegation Status Notifications</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Investigative Staff</li> <li>3. Interviews with Incarcerated Individuals who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</p> <p>115.73 (a): The PAQ indicated that the agency has a policy requiring that any incarcerated individual who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 14-2 Sexual Abuse Prevention and Response, page 27 states that following an investigation into an incarcerated individual/detainee's allegation that he/she suffered sexual abuse at the facility, the incarcerated individual/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the incarcerated individual/detainee. The PAQ advised there were 22 sexual abuse allegations reported and thirteen victim notifications were made. A review of fifteen investigations (three had not been provided at the issuance of the interim report) indicated eleven required a</p>

victim notification. Seven of the eleven had a victim notification documented. Two incarcerated individuals were released prior to the conclusion of the investigation. Interviews with the Warden and the facility investigator confirmed that incarcerated individuals are informed of the outcome of the investigation into their allegation. Interviews with incarcerated individuals who reported abuse indicated two of the four were aware they were to be informed of the outcome of the investigation. Two stated they were informed of the outcome verbally and/or in writing.

115.73 (b): The PAQ indicated this provision is not applicable, however further communication with the PC indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the incarcerated individual of the outcome of the investigation. 14-2 Sexual Abuse Prevention and Response, page 27 states if the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the incarcerated individual/detainee. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of investigations indicated three were referred to the Police Department, however they declined to investigate in all instances. As such, no notifications under this provision were required.

115.73 (c): The PAQ indicated that following an incarcerated individual's allegation that a staff member has committed sexual abuse against the incarcerated individual, the agency/facility subsequently informs the incarcerated individual whenever: the staff member is no longer posted within the incarcerated individual's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 27 states following an investigation into an incarcerated individual/detainee's allegation that an employee has committed sexual abuse against the incarcerated individual/detainee, the facility shall subsequently inform the incarcerated individual/detainee whenever: the staff member is no longer posted within the incarcerated individual's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ noted that there has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an incarcerated individual in an agency facility in the past 12 months and the victim was notified of the elements under this provision. A review of fifteen investigations (three were not provided at the issuance of the interim report) indicated six were staff on incarcerated individual sexual abuse. Two involved staff no longer employed at the facility and both had a notification to the victim. Interviews with incarcerated individuals who reported sexual abuse



indicated two were against a staff member. The incarcerated individuals stated they were not provided notifications under this standard.

115.73 (d): The PAQ indicates that following an incarcerated individual's allegation that he or she has been sexually abused by another incarcerated individual, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 27 states following an incarcerated individual/detainee's allegation that he/she has been sexually abused by another incarcerated individual/detainee, the facility shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of fifteen investigations (three were not provided at the issuance of the interim report) indicated one was a substantiated incarcerated individual-on-incarcerated individual sexual abuse allegation, however it did not require notification under this provision. Interviews with incarcerated individuals who reported sexual abuse indicated two were against another incarcerated individual but did not include any notifications under this provision.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to incarcerated individuals described under this standard are documented. 14-2 Sexual Abuse Prevention and Response, page 27 states all incarcerated individual/detainee notifications or attempted notification shall be documented on the 14-2E Incarcerated individual/Detainee Allegation Status Notification. The incarcerated individual/detainee shall sign the 14-2E, verifying that such notification has been received. The PAQ noted there have been thirteen notification made during the previous twelve months and all thirteen were documented. A review of fifteen investigations (three had not been provided at the issuance of the interim report) indicated eleven required a victim notification. Seven of the eleven had a victim notification documented. Two incarcerated individuals were released prior to the conclusion of the investigation. A review of fifteen investigations (three were not provided at the issuance of the interim report) indicated six were staff on incarcerated individual sexual abuse. Two involved staff no longer employed at the facility and both had a notification to the victim.

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-2E, a review of investigative reports, victim notifications and information from interviews

with the Warden, facility investigator and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. A review of fifteen investigations (three had not been provided at the issuance of the interim report) indicated eleven required a victim notification. Seven of the eleven had a victim notification documented. Two incarcerated individuals were released prior to the conclusion of the investigation.

#### Corrective Action

The facility will need to provide the originally requested documentation. If not available, further corrective action will be required.

#### Verification of Corrective Action Since the Interim Audit Report

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

#### Additional Documents:

1. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
2. Victim Notifications

The facility did not provide the originally requested documentation. As such corrective action was required.

A list of sexual abuse allegations reported during the corrective action period and associated victim notifications were provided. Four of the victims were transferred or released prior to the completion of the investigation. The other three that remained at the facility had a victim notification provided.

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

115.76	Disciplinary sanctions for staff
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 432 376">Documents:</p> <ol data-bbox="256 409 1193 667" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> <li>4. Termination Documentation</li> </ol> <p data-bbox="256 768 587 801">Findings (By Provision):</p> <p data-bbox="256 913 1449 1115">115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 28 indicates that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.</p> <p data-bbox="256 1227 1477 1641">115.76 (b): The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies and nine staff have been terminated for violating the sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 28 states that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. A review of investigations indicated there were two staff-on-incarcerated individual substantiated investigations during the previous twelve months. One staff member was terminated and one was placed on administrative leave. Further documentation was not provided related to whether the staff was terminated after being placed on administrative leave.</p> <p data-bbox="256 1753 1473 2078">115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 14-2 Sexual Abuse Prevention and Response, page 28 states that disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable</p>

offense by other staff members with similar histories. The PAQ indicated there was one staff member that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigations indicated there were two staff-on-incarcerated individual substantiated investigations during the previous twelve months. One staff member was terminated and one was placed on administrative leave. Further documentation was not provided related to whether the staff was terminated after being placed on administrative leave.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 14-2 Sexual Abuse Prevention and Response, page 28 states all employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there was one staff member disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months who were reported to law enforcement or relevant licensing bodies. A review of investigations indicated there were two staff-on-incarcerated individual substantiated investigation during the previous twelve months. One investigation was documented as being referred to the Police Department but they declined to investigate. Documentation was not provided for the second related to referral to the Police Department.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports and termination documentation, this standard appears to require corrective action. A review of investigations indicated there were two staff-on-incarcerated individual substantiated investigations during the previous twelve months. One staff member was terminated and one was placed on administrative leave. Further documentation was not provided related to whether the staff was terminated after being placed on administrative leave. A review of investigations indicated there were two staff-on-incarcerated individual substantiated investigation during the previous twelve months. One investigation was documented as being referred to the Police Department but they declined to investigate. Documentation was not provided for the second related to referral to the Police Department.

Corrective Action

The facility will need to provide the follow-up documentation requested.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"><li>1. District Attorney Documentation</li><li>2. Staff Termination Documentation</li></ol> <p>The facility provided documentation confirming the staff member was terminated in June 2024. A letter was also provided illustrating that the District Attorney refused to prosecute the substantiated staff investigation.</p> <p>The facility also provided a substantiate case closed during the corrective action period. The staff member was terminated in September 2024 and again the District Attorney refused to prosecute.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.77	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire</li><li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li><li>3. CoreCivic Policy 22-1 Volunteer Services and Management</li><li>4. Investigative Reports</li></ol>

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with incarcerated individuals. 14-2 Sexual Abuse Prevention and Response, page 29 indicates that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with incarcerated individual/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with incarcerated individual/detainees and removal from the facility. 22-1 Volunteer Services and Management, page 5 also addresses this provision. It states that volunteers are expected to abide by CoreCivic and applicable government agency policy, procedures, regulations and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Roster. The PAQ indicated that there has not been any contractors or volunteers reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed that there were zero sexual abuse or sexual harassment allegations against a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with incarcerated individuals in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 14-2 Sexual Abuse Prevention and Response, page 29 indicates that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with incarcerated individual/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with incarcerated individual/detainees and removal from the facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a contractor or volunteer would result in the volunteer or contractor no longer being permitted in the facility. He stated the incident would be investigated and they may terminate that person from providing services.

	Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 22-1 Volunteer Services and Management, investigative reports and information from the interview with the Warden, this standard appears to be compliant.
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Investigative Reports</li> <li>4. Disciplinary Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interviews with Medical and Mental Health Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.78 (a): The PAQ indicated that incarcerated individuals are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse. 14-2 Sexual Abuse Prevention and Response, page 28 states that incarcerated individuals/detainees shall be subject to disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that an incarcerated individual/detainee engaged in incarcerated individual/detainee on incarcerated individual/detainee sexual abuse or following a criminal finding of guilt for incarcerated individual/detainee on incarcerated individual/detainee sexual abuse. The PAQ indicated there were eight administrative findings of guilt for incarcerated individual-on-incarcerated individual sexual abuse and zero criminal findings of guilt. A review of investigative reports indicated there was one substantiated incarcerated individual-on-incarcerated individual sexual abuse allegation. A review of documentation confirmed the perpetrator received discipline through the facility discipline process. It should be noted that the victim also received</p>

discipline as they both advised the activity was consensual up until a particular point.

115.78 (b): 14-2 Sexual Abuse Prevention and Response, page 28 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the incarcerated individual/detainee's disciplinary history and sanctions imposed for comparable offenses by incarcerated individuals/detainees with similar histories. The interview with the Warden indicated that an incarcerated individual perpetrator would undergo administrative sanctions and they would be referred for criminal prosecution. He further stated that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the incarcerated individual's disciplinary history and sanctions imposed for comparable offenses by other incarcerated individuals. A review of investigative reports indicated there was one substantiated incarcerated individual-on-incarcerated individual sexual abuse allegation. A review of documentation confirmed the perpetrator received discipline through the facility discipline process. It should be noted that the victim also received discipline as they both advised the activity was consensual up until a particular point.

115.78 (c): 14-2 Sexual Abuse Prevention and Response, page 28 states that the disciplinary process shall consider whether and incarcerated individual/detainee's mental disability or mental illness contributed to his/her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Warden confirmed that an incarcerated individuals' mental disability or mental illness would be considered in the disciplinary process.

115.78 (d): The PAQ indicated that the facility does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. The PAQ stated the facility offers emotional support services and victim advocacy but not formal programs for sexual abuse or sexual offenders. 14-2 Sexual Abuse Prevention and Response, page 28 states that if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health care staff indicated that they offer services to the incarcerated individual perpetrator. Both staff confirmed that incarcerated individuals are not required to participate in mental health services in order to gain access to any other benefits or services.

115.78 (e): 14-2 Sexual Abuse Prevention and Response, page 28 indicates that an incarcerated individual/detainee may be disciplined for sexual conduct within an



	<p>employee only upon a finding that the employee did not consent to such conduct. The PAQ stated that the agency disciplines incarcerated individuals for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p>115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 14-2 Sexual Abuse Prevention and Response, page 28 states that incarcerated individuals/detainees who deliberately allege false claims of sexual abuse may be disciplined. For the purpose of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between incarcerated individuals and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 14-2 Sexual Abuse Prevention and Response, page 28 states that sexual activity between incarcerated individuals/detainees is prohibited in all CoreCivic facilities, and incarcerated individuals/detainees may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced. A review of investigative reports indicated two allegations that were deemed consensual and all participating incarcerated individuals were disciplined.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports, disciplinary documents and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. Informed Consent Form</li> </ol>

#### 4. Medical/Mental Health Documents

##### Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Medical and Mental Health Staff

##### Site Review Observations:

1. Observations of Risk Screening Area
2. Observation of File Location/Access

##### Findings (By Provision):

115.81 (a): The PAQ indicated all incarcerated individuals at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 10 states that incarcerated individuals/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The incarcerated individual/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ stated 43% of those who disclosed prior sexual victimization were offered a follow-up with mental health within fourteen days. Further communication with the PC indicated that 100% of those incarcerated individuals who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ further indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The auditor requested documentation for eleven incarcerated individuals who disclosed prior sexual victimization during the risk screening. Documentation had not yet been provided at the issuance of the interim report. The interview with staff responsible for the risk screening indicated that when an incarcerated individual discloses prior sexual victimization they are referred to mental health. The staff advised they ask if they want to see mental health and if they do they send an email for referral. If they do not, they just note that they declined services. Interviews with incarcerated individuals who disclosed prior victimization during the risk screening indicated two were offered a mental health follow-up and one was not sure.

115.81 (b): The PAQ indicated all incarcerated individuals at the facility who are identified with prior sexual abusiveness during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 10 states incarcerated individuals/detainees, excluding jail incarcerated individuals, identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Incarcerated individuals/detainees with a history of sexually assaultive behavior will be identified, monitored, and counseled. The PAQ noted that 75% of those identified with prior sexual abusiveness were offered a follow-up with mental health within fourteen days. Further communication with the PC indicated that 100% of those incarcerated individuals who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ further indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The auditor requested documentation for four incarcerated individuals identified with prior sexual abusiveness. At the issuance of the interim report the documentation had not yet been received. The interview with staff responsible for the risk screening indicated that when an incarcerated individual is identified with prior sexual abusiveness they would only refer them to mental health if the individual requested to see mental health.

115.81 (c): This provision does not apply as the facility is not a jail.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The PAQ stated that information is only shared with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. Incarcerated individual medical records are electronic. Electronic medical records are only accessible to medical and mental health care staff and are maintained in a separate system from other records. Risk assessment information is electronic. During the on-site portion of the audit, the auditor had a security staff member pull up the electronic risk screening system to show what information could be viewed. The auditor observed that the security staff member did not have access to the risk screening form but could view the overall risk screening designation. Investigative files are electronic and paper. Paper investigations are maintained in the investigators locked office. Electronic investigative records are only accessible to investigative staff via the investigative database.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from incarcerated individuals before reporting information about

prior sexual victimization that did not occur in an institutional setting, unless the incarcerated individual is under the age of eighteen. 14-2 Sexual Abuse Prevention and Response, pages 18-19 state that medical and mental health practitioners shall obtain informed consent from incarcerated individuals/detainees prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the incarcerated individual/detainee was under eighteen. The interview with medical staff indicated that she would report information related to incidents of sexual abuse that occurred outside of an institutional setting to the supervisor and she believed that would fall under limits of liability. The mental health staff member stated that she obtains consent prior to reporting any sexual abuse that did not occur in an institutional setting. Both staff advised they do not house anyone under eighteen.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the informed consent form, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and incarcerated individuals who disclosed victimization during the risk screening, this standard appears to require corrective action. The auditor requested documentation for eleven incarcerated individuals who disclosed prior sexual victimization during the risk screening. Documentation had not yet been provided at the issuance of the interim report. The auditor requested documentation for four incarcerated individuals identified with prior sexual abusiveness. At the issuance of the interim report the documentation had not yet been received. The interview with staff responsible for the risk screening indicated that when an incarcerated individual is identified with prior sexual abusiveness they would only refer to mental health if the individual requested to see mental health. The interview with medical staff indicated that she would report information related to incidents of sexual abuse that occurred outside of an institutional setting to the supervisor and she believed that would fall under limits of liability.

#### Corrective Action

The facility will need to provide the requested documentation. If not available, further corrective action will be required. The facility will need to ensure a mental health follow-up is afforded to those identified with prior sexual abusiveness. Applicable staff will need to be trained on the process. A copy of the training will need to be provided. A list of incarcerated individuals identified with prior sexual abusiveness during the corrective action period and associated mental health documentation will need to be provided. Further, appropriate medical and mental health staff will need to be trained on the informed consent process for reports of sexual abuse that occurred outside a correctional setting. Confirmation of the training will need to be provided.

## Verification of Corrective Action Since the Interim Audit Report

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

### Additional Documents:

1. Staff Training
2. List of Incarcerated Individuals that Arrived During the Corrective Action Period
3. Risk Screening Documents
4. Mental Health Documents

The facility did not provide the originally requested documentation. As such further corrective action was required.

The facility provided training documentation that was completed with staff related to offering a follow-up to those who disclose prior sexual victimization during the risk screening and those identified with prior sexual abusiveness during the risk screening. The training included the form to utilize and how to utilize the form. Additionally, training was provided to staff related to informed consent via a PowerPoint. Staff signature were provide confirming receipt and understanding of the training.

A list of incarcerated individuals that arrived during the corrective action period and systematic sample of risk assessment documents were provided. A total of 29 documents were provided, two had prior sexual abusiveness and one had prior sexual victimization. All three were released within five days of arrival and as such did not have a follow-up with mental health. The auditor requested additional documentation in order to confirm corrective action. The facility provided documentation of individuals who disclosed prior sexual victimization during the risk screening and those who were identified with abusiveness during the risk screening. All ten incarcerated individuals who disclosed victimization who accepted a follow-up and all four incarcerated individuals who were identified with prior abusiveness who accepted a follow-up were seen by mental health within fourteen days.

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

	such appears to be compliant.
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 13-79 Sexual Assault Response</li> <li>3. 13-79A Sexual Assault Response</li> <li>4. Medical and Mental Health Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Medical and Mental Health Staff</li> <li>2. Interviews with Incarcerated Individuals who Reported Sexual Abuse</li> <li>3. Interviews with First Responders</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Medical and Mental Health Areas</li> </ol> <p>Findings (By Provision):</p> <p>115.82 (a): The PAQ indicated that Incarcerated individual victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff do not maintain secondary materials documenting services. 13-79 Sexual Assault Response, page 2 states that the Health Services Department shall designate medical representatives to be appointed to the facility Sexual Abuse Response Team (SART). The medical representative(s) shall assess the alleged victim's acute medical needs and explain the medical need to the victim for a forensic exam if appropriate. The</p>

victim of sexual assault has the right to decline the forensic exam. The medical representative shall ensure that the facility medical staff responded appropriately and medically stabilized the victim before assessment by a community medical provider, if medically indicated (refer to CoreCivic Policy 14-2 Sexual Abuse Prevention and Response). During the tour the auditor observed the health services area, which included a reception space, exam rooms, and treatment rooms. Exam and treatment rooms provided privacy through curtains. The auditor requested documentation for thirteen sexual abuse allegations. At the issuance of the interim report all documentation had not yet been received. Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff stated that service would be offered/provided immediately. Both staff confirmed the services they provide are based on their professional judgment and policy. Interviews with incarcerated individuals who reported sexual abuse indicated two were offered/provided medical and mental health services. It should be noted two advised they were informed by IA that their allegations were not PREA.

115.82 (b): The facility has a Health Services Department that is staffed 24 hours a day, seven days a week. Incarcerated individuals are treated at the facility unless they are required to be transported to a local hospital. The security first responder stated that first responder duties include locking the pod down, separating the individuals, ensuring the individuals do not take action to destroy evidence, securing the scene, taking photos, escorting the victim to medical and mental health, taking the alleged perpetrator to segregation and having both the victim and perpetrator complete statements. The non-security first responder stated first responder duties include separating the individual, securing the area, and contacting the supervisor and the Captain. Interviews with fourteen random staff indicated they were knowledgeable of first responder duties.

115.82 (c): The PAQ states that incarcerated individual victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 13-79 Sexual Assault Response, pages 3 and 4 state that incarcerated individual/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Incarcerated individual/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the incarcerated individual/detainee tests positive for pregnancy, the incarcerated individual/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. Should a pregnancy occur as a result of a rape/sexual assault, the incarcerated individual/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and

options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. A review of investigations indicated there were two incidents that required a need to sexually transmitted infections prophylaxis. The facility provided confirmation that the victim received a forensic medical examination, however documentation was not provided related to sexually transmitted infection prophylaxis. Interviews with incarcerated individuals who reported sexual abuse indicated that none involved penetration that would require emergency contraception or sexually transmitted infection prophylaxis. Interviews with medical and mental health staff indicated that incarcerated individual victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis.

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

Based on a review of the PAQ, 13-79 Sexual Assault Response, 13-79A, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to require corrective action. The auditor requested documentation for thirteen sexual abuse allegations. At the issuance of the interim report all documentation had not yet been received. A review of investigations indicated there were two incidents that required a need to sexually transmitted infections prophylaxis. The facility provided confirmation that the victim received a forensic medical examination, however documentation was not provided related to sexually transmitted infection prophylaxis.

Corrective Action

The facility will need to provide the requested documentation. If not available, further corrective action will be required.

Verification of Corrective Action Since the Interim Audit Report

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



	<p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. List of Sexual Abuse Allegations During the Corrective Action Period</li> <li>2. Medical and Mental Health Documents</li> </ol> <p>The facility did not provide the originally requested documentation. As such, corrective action was required.</p> <p>A list of sexual abuse allegations reported during the corrective action period and associated medical and mental health documentation was provided. The documentation confirmed that victims of sexual abuse were provided medical and mental health services after a report of sexual abuse. Both victims of sexual abuse involving penetration were afforded information and access to testing and prophylaxis.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 13-79 Sexual Assault Response</li> <li>3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>4. Medical and Mental Health Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interviews with Medical and Mental Health Staff</li> </ol>

## 2. Interviews with Incarcerated Individuals who Reported Sexual Abuse

### Site Review Observations:

#### 1. Observations of Medical and Mental Health Areas

### Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 13-79 Sexual Assault Response, page 4 states that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all incarcerated individuals/detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the tour the auditor observed the health services area, which included a reception space, exam rooms, and treatment rooms. Exam and treatment rooms provided privacy through curtains. Medical services are provided 24/7. Incarcerated individuals have access to routine medical services on-site and emergency services are provided at the local hospital. The auditor requested documentation for thirteen sexual abuse allegations. At the issuance of the interim report all documentation had not yet been received. The auditor requested documentation for eleven incarcerated individuals who disclosed prior sexual victimization during the risk screening. Documentation had not yet been provided at the issuance of the interim report.

115.83 (b): 13-79 Sexual Assault Response, page 4 states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The auditor requested documentation for thirteen sexual abuse allegations. At the issuance of the interim report all documentation had not yet been received. Interviews with incarcerated individuals who reported sexual abuse indicate two of the four were offered follow-up services with medical and/or mental health. Interviews with medical and mental health care staff confirmed that follow-up services would be offered including ongoing treatment, assessments, testing, medication and other follow-up.

115.83 (c): 13-79 Sexual Assault Response, page 4 states the facility shall provide such victims with medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The auditor requested documentation for thirteen sexual

abuse allegations. At the issuance of the interim report all documentation had not yet been received, however the documentation provided confirmed the facility provided adequate medical and mental health services. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. 13-79 Sexual Assault Response, pages 3 and 4 state that incarcerated individual/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Incarcerated individual/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the incarcerated individual/detainee tests positive for pregnancy, the incarcerated individual/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. Should a pregnancy occur as a result of a rape/sexual assault, the incarcerated individual/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. Interviews with incarcerated individuals who reported sexual abuse indicated none involved an allegation that would warrant pregnancy tests. A review of investigative reports indicated none of the female victims reported an allegation involving vaginal penetration.

115.83 (e): The PAQ indicated if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. 13-79 Sexual Assault Response, pages 3 and 4 state that incarcerated individual/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Incarcerated individual/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the incarcerated individual/detainee tests positive for pregnancy, the incarcerated individual/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. Should a pregnancy occur as a result of a rape/sexual assault, the incarcerated individual/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. A review of investigative reports indicated none of the female victims reported an allegation involving vaginal penetration. Interviews with incarcerated individuals who reported sexual abuse indicated none involved an allegation that would warrant pregnancy related

information. Interviews with medical and mental health staff confirmed that female victims of sexual abuse would be offered timely and comprehensive information about, and timely access to all lawful pregnancy related medical services after the initial visit with the provider (when they learn of the pregnancy).

115.83 (f): The PAQ indicated that incarcerated individual victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 13-79 Sexual Assault Response, pages 3 and 4 state that incarcerated individual/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Incarcerated individual/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the incarcerated individual/detainee tests positive for pregnancy, the incarcerated individual/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. Should a pregnancy occur as a result of a rape/sexual assault, the incarcerated individual/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. A review of investigations indicated there were two incidents that required a need for testing of sexually transmitted infections. The facility provided confirmation that the victim received a forensic medical examination, however documentation was not provided related to sexually transmitted infection testing. Interviews with incarcerated individuals who reported sexual abuse indicated that none involved penetration that would require testing.

115.83 (g): The PAQ stated that treatment services are provided to the incarcerated individual victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 13-79 Sexual Assault Response, page 4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Interviews with incarcerated individuals who reported sexual abuse indicated that none were required to pay for any medical or mental health care services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known incarcerated individual-on-incarcerated individual abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. 14-2 Sexual Abuse Prevention and Response, page 11 states a mental health evaluation shall be completed of all known incarcerated individual-on-incarcerated individual abusers within 60 days of learning

of such abuse history. Treatment shall be offered when deemed appropriate by mental health practitioners. There was one substantiated incarcerated individual on incarcerated individual sexual abuse incident. The auditor requested documentation related to the attempted mental health evaluation of the perpetrator, however at the issuance of the interim report the documentation had not yet been provided. Interviews with medical and mental health staff confirmed they attempt to conduct a mental health evaluation on all known incarcerated individual on incarcerated individual abuser. They advised all perpetrators are afforded access to medical and mental health services after an allegation.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, a review of medical and mental health documents, observations made during the tour and information from interviews with incarcerated individuals who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. The auditor requested documentation for thirteen sexual abuse allegations. At the issuance of the interim report all documentation had not yet been received. The auditor requested documentation for eleven incarcerated individuals who disclosed prior sexual victimization during the risk screening. Documentation had not yet been provided at the issuance of the interim report. A review of investigations indicated there were two incidents that required a need for testing of sexually transmitted infections. The facility provided confirmation that the victim received a forensic medical examination, however documentation was not provided related to sexually transmitted infection testing. The auditor requested documentation related to the attempted mental health evaluation of the perpetrator, however at the issuance of the interim report the documentation had not yet been provided.

Corrective Action

The facility will need to provide the requested documentation. If not available, further corrective action will be required.

Verification of Corrective Action Since the Interim Audit Report

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

Additional Documents:

1. Staff Training
2. List of Incarcerated Individuals that Arrived During the Corrective Action Period
3. Risk Screening Documents
4. List of Sexual Abuse Allegations During the Corrective Action Period
5. Medical and Mental Health Documents

The facility did not provide the originally requested documentation. As such, further corrective action was required.

The facility provided training documentation that was completed with staff related to offering a follow-up to those who disclose prior sexual victimization during the risk screening. The training included the form to utilize and how to utilize the form.

A list of incarcerated individuals that arrived during the corrective action period and systematic sample of risk assessment documents were provided. A total of 29 documents were provided, one of which had prior sexual victimization. The incarcerated individual was released within five days of arrival and as such did not have a follow-up with mental health. The auditor requested additional documentation in order to confirm corrective action. The facility provided documentation of individuals who disclosed prior sexual victimization during the risk screening. All ten incarcerated individuals who disclosed victimization who accepted a follow-up were seen by mental health within fourteen days.

A list of sexual abuse allegations reported during the corrective action period and associated medical and mental health documentation was provided. The documentation confirmed that victims of sexual abuse were provided medical and mental health services after a report of sexual abuse. Both victims of sexual abuse involving penetration were afforded information and access to testing and prophylaxis.

The facility provided documentation for the one substantiated sexual abuse investigation confirming the incarcerated individual perpetrator was evaluated by mental health.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. 14-2F Sexual Abuse or Assault Incident Review Form</li> <li>4. Investigative Reports</li> <li>5. Sexual Abuse Incident Reviews</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with the PREA Compliance Manager</li> <li>3. Interview with Incident Review Team Member</li> </ol> <p>Findings (By Provision):</p> <p>115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 14-2 Sexual Abuse Prevention and Response, page 26 states that the Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The PAQ noted there were six sexual abuse investigation completed and there were four sexual abuse incident reviews completed within 30 day of the conclusion of the investigation. A review of eleven sexual abuse investigations (two were not provided at the issuance of the interim report) indicated seven required a sexual abuse incident review. All seven had a review completed. Five</p>

of the reviews were completed on the same date, some well after 30 days and some prior to the conclusion of the investigation. Further, all were a checklist and did not include any narrative information. None included any recommendations, however the facility made corrective action based on an incident. This information was not included in the sexual abuse incident review.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 14-2 Sexual Abuse Prevention and Response, page 26 states that sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation. The PAQ noted there were six sexual abuse investigation completed and there were four sexual abuse incident reviews completed within 30 day of the conclusion of the investigation. A review of eleven sexual abuse investigations (two were not provided at the issuance of the interim report) indicated seven required a sexual abuse incident review. All seven had a review completed. Five of the reviews were completed on the same date, some well after 30 days and some prior to the conclusion of the investigation. Further, all were a checklist and did not include any narrative information. None included any recommendations, however the facility made corrective action based on an incident. This information was not included in the sexual abuse incident review.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 14-2 Sexual Abuse Prevention and Response, page 26 states the incident review team shall include the PREA Compliance Manager, upper-level facility management, and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The interview with the Warden indicated the SART team completes reviews and the SART includes those under this provision. A review of eleven sexual abuse investigations (two were not provided at the issuance of the interim report) indicated seven required a sexual abuse incident review. All seven have a review completed with appropriate team members.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section an any recommendations for improvement, and submits each report to the facility head and PCM. 14-2 Sexual Abuse Prevention and Response, pages 26-27 state the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise cause by other group dynamics at the facility; examine the



area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. All findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse Incident Review Report or required equivalent contracting agency form. Completed 14-2F forms will be forwarded to the Warden/Facility Administrator, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator/designee. Interviews with the Warden, PCM and sexual abuse incident review team member confirmed that these reviews are completed and they include all the required elements under this provision. The Warden stated that the information from the sexual abuse incident review is used to determine whether there is a need to change policy or procedure. He stated they also review whether they need to mitigate bind spots or add cameras. The Warden advised the review is designed to address best practices. The PCM indicated that she is part of the sexual abuse incident review team and that she has not noticed any trends. She stated once the report is submitted they would make any necessary changes that would benefit the facility and she would ensure the changes and recommendations are implemented. A review of eleven sexual abuse investigations (two were not provided at the issuance of the interim report) indicated seven required a sexual abuse incident review. All seven had a review completed. Five of the reviews were completed on the same date, some well after 30 days and some prior to the conclusion of the investigation. Further, all were a checklist and did not include any narrative information. None included any recommendations, however the facility made corrective action based on an incident. This information was not included in the sexual abuse incident review.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 14-2 Sexual Abuse Prevention and Response, page 27 states all findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. A review of eleven sexual abuse investigations (two were not provided at the issuance of the interim report) indicated seven required a sexual abuse incident review. All seven had a review completed. Five of the reviews were completed on the same date, some well after 30 days and some prior to the conclusion of the investigation. Further, all were a checklist and did not include any narrative information. None included any recommendations, however the facility made corrective action based on an incident. This information was not included in the sexual abuse incident review.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response,

investigative reports, a review of 14-2Fs and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, it appears this standard appears to require corrective action. A review of eleven sexual abuse investigations (two were not provided at the issuance of the interim report) indicated seven required a sexual abuse incident review. All seven had a review completed. Five of the reviews were completed on the same date, some well after 30 days and some prior to the conclusion of the investigation. Further, all were a checklist and did not include any narrative information. None included any recommendations, however the facility made corrective action based on an incident. This information was not included in the sexual abuse incident review.

#### Corrective Action

The facility will need to train applicable staff on the requirements under this provision, including when to complete a review (after the investigation and within 30 days) and the narrative specific information required in the review (to include recommendations). Confirmation of the training will need to be provided. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated sexual abuse incident reviews.

#### Verification of Corrective Action Since the Interim Audit Report

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

#### Additional Documents:

1. Staff Training
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
3. Sexual Abuse Incident Review

The facility provided four sexual abuse incident reviews. Three of the four were completed within 30 days of the conclusion of the investigation. All four were checklist only and did not include any narrative or incident specific information.

	<p>The facility provided training documentation that was completed with staff related to completing sexual abuse incident reviews and including narrative specific information. Staff signature were provided confirming receipt of the training.</p> <p>The facility updated the four completed sexual abuse incident reviews after the training. All four included adequate incident specific narrative related to the elements under the standard. Additionally, a sexual abuse incident review was provided for an investigation completely at the end of the corrective action period. The sexual abuse incident review included adequate incident specific narrative.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.87</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. CoreCivic Annual PREA Report</li> <li>4. Survey of Sexual Victimization</li> </ol> <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 29 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents</p>

of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 14-2 Sexual Abuse Prevention and Response, page 29 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of CoreCivic Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 29 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 14-2 Sexual Abuse Prevention and Response, page 29 states that CoreCivic shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

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

	<p>115.87 (f): The PAQ indicated the agency provides the Department of Justice with data from the previous calendar year upon request. 14-2 Sexual Abuse Prevention and Response, page 29 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of documentation confirmed that CoreCivic completed the 2022 SSV which was submitted in 2023.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Annual PREA Reports and the Survey of Sexual Victimization, this standard appears to be compliant.</p>
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115.88	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> <li>3. CoreCivic Annual PREA Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the PREA Coordinator</li> <li>3. Interview with the PREA Compliance Manager</li> </ol> <p>Findings (By Provision):</p> <p>115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual</p>

abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to include, identifying problems areas and taking corrective action on an ongoing basis. Additionally it states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head Designee confirmed that he reviews and approves annual reports. He stated that a review of the PREA data is made on a daily, monthly and annual basis. He indicated that incident data is provided daily to select staff in a daily PREA report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with incarcerated individual populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff, video coverage or procedures would minimize the risks of incidents in those areas. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. She stated that files and information relative to investigations of PREA allegations are retained in the Incident Report Database which is on a secured server. She stated hard copy files are secured at each facility and all records are subject to record retention schedules. She further confirmed that the agency takes corrective action on an ongoing basis and that the agency prepares a report of findings from the annual data review. The PCM stated that facility data is utilized to remedy any areas or situations and the agency utilizes the data to ensure policies are followed. She stated the agency would also use it to determine if they can prevent things.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 14-2 Sexual Abuse Prevention and Detection, page 29 states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates

	<p>that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes corrective action. The report compares the data from the current year with the previous years.</p> <p>115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 14-2 Sexual Abuse Prevention and Response, page 29 states that the CoreCivic Annual report shall be approved by the company Chief Correctional Officer and made available to the public through the CoreCivic website. The interview with the Agency Head Designee confirmed that the report is completed annually and that he approves the report. A review of the website: <a href="https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea">https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a> confirmed that the current annual report is available to the public online.</p> <p>115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 14-2 Sexual Abuse Prevention and Response, page 29 states that specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that the reports do not contain personal identifiers and/or medical information belonging to incarcerated individuals or staff.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the CoreCivic Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.</p>
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115.89	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response</li> </ol>

3. CoreCivic Record Retention Schedule

4. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 14-2 Sexual Abuse Prevention and Response, page 30 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, incarcerated individual/detainee information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-5 Retention of Records. The interview with the PREA Coordinator confirmed that files and information relative to investigations of PREA allegations are retained in the Incident Report Database which is on a secured server. She stated hard copy files are secured at each facility and all records are subject to record retention schedules.

115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public, at least annually, through its website or through other means. 14-2 Sexual Abuse Prevention and Response, page 29 states the CoreCivic Annual Report shall be approved by the company Chief Corrections Office and made available to the public through the CoreCivic website. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): 14-2 Sexual Abuse Prevention and Response, page 29 and the PAQ indicated that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): 14-2 Sexual Abuse Prevention and Response, page 30 and the PAQ



	<p>indicates that the agency shall maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of initial collection unless Federal, State or local law requires otherwise. A review of historical annual reports indicated that aggregated data is available from 2013 to present.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Retention Schedule, CoreCivic annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year.</p> <p>115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year. The facility is being audited in the third year of the three-year cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from incarcerated individuals.</p> <p>115.401 (n): The facility provided confirmation via photos that the audit announcement was posted around the facility at least six weeks prior to the on-site portion of the audit. During the site review, the auditor observed the audit announcement in each housing unit and in common areas. The audit announcements were in English and Spanish on letter size paper. The audit announcement advised the incarcerated individuals that correspondence with the auditor would remain confidential unless the incarcerated individual reported information such as sexual abuse, harm to self or harm to others. The incarcerated</p>

	individuals were able to send correspondence via special/legal/confidential mail.
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Findings (By Provision):  115.403 (f): A review of the agency website confirmed that the agency has uploaded final reports for audited facilities during the current audit cycle and prior audit cycles.

**Appendix: Provision Findings****115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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**115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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**115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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**115.12 (a) Contracting with other entities for the confinement of inmates**

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
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**115.12 (b) Contracting with other entities for the confinement of inmates**

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na
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	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</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).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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



	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b) Policies to ensure referrals of allegations for investigations</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?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c) Policies to ensure referrals of allegations for investigations</b>		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a) Employee training</b>		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes



	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</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?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	



	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</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?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</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?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes



	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</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.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	



	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>