

PREA Facility Audit Report: Final

Name of Facility: El Paso Multi-Use Facility

Facility Type: Community Confinement

Date Interim Report Submitted: 10/17/2024

Date Final Report Submitted: 11/30/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Barbara Jo Denison	Date of Signature: 11/30/2024

AUDITOR INFORMATION	
Auditor name:	Denison, Barb
Email:	denisobj@sbcglobal.net
Start Date of On-Site Audit:	09/24/2024
End Date of On-Site Audit:	09/25/2024

FACILITY INFORMATION	
Facility name:	El Paso Multi-Use Facility
Facility physical address:	1700 Horizon Boulevard, Horizon City, Texas - 79928
Facility mailing address:	

Primary Contact

Name:	Monica Delgado
Email Address:	monica.delgado@corecivic.com
Telephone Number:	915-242-3889

Facility Director	
Name:	Monica Delgado
Email Address:	monica.delgado@corecivic.com
Telephone Number:	915-242-3889

Facility PREA Compliance Manager	
Name:	Monica Delgado
Email Address:	monica.delgado@corecivic.com
Telephone Number:	(915) 242-3889
Name:	Melissa Ponce
Email Address:	melissa.ponce@corecivic.com
Telephone Number:	(915) 490-7915
Name:	Rosa Rivas
Email Address:	rosa.rivas@corecivic.com
Telephone Number:	(915) 852-1505
Name:	Robert Rodriguez
Email Address:	robert.rodriguez@corecivic.com
Telephone Number:	(915) 852-1505

Facility Characteristics	
Designed facility capacity:	300

Current population of facility:	237
Average daily population for the past 12 months:	239
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
Which population(s) does the facility hold? 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 https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-90
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the facility who may have contact with residents:	54
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027

Mailing Address:	
Telephone number:	615-263-3000

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

Agency-Wide PREA Coordinator Information			
Name:	Heather Baltz	Email Address:	heather.baltz@corecivic.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<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>	
Number of standards exceeded:	
3	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.231 - Employee training • 115.233 - Resident education
Number of standards met:	
38	
Number of standards not met:	

	0	
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-09-24
2. End date of the onsite portion of the audit:	2024-09-25

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p>	<p>CoreCivic has a Memorandum of Understanding (MOU) with the Center Against Sexual & Family Violence (CASFV) to provide emotional support services related to sexual abuse to the residents of the El Paso Multi Use Facility and the El Paso Transitional Center.</p> <p>On 9/10/24 the Director of Sexual Assault Services was contacted to confirm and review the terms of the MOU. CASFV provides a 24/7 support hotline that is answered by both paid and volunteer advocates. Advocates initially receive 40-hours of training by CASFV which must be completed within the first six months of beginning their advocacy services. Calls to the hotline are confidential and are not monitored or recorded. At the start of any services provided, the resident would be required to sign a consent form. If a caller reports an allegation of sexual abuse, the advocate will inform the caller they could give verbal consent for the advocate to report the allegation to law enforcement or to the facility. Alleged victims of sexual abuse are offered SANE exams at a local hospital and are offered an advocate to accompany them through the SANE exam process. Other services offered is accompaniment during investigatory interviews and court proceeding's related to the sexual abuse, support groups and therapy, either onsite or by referrals to community providers. All services provided by CASFV are at no cost to the alleged victim. If any cost was incurred, the cost would be covered by Crime Victim Compensation.</p>
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AUDITED FACILITY INFORMATION

<p>14. Designated facility capacity:</p>	<p>300</p>
<p>15. Average daily population for the past 12 months:</p>	<p>239</p>
<p>16. Number of inmate/resident/detainee housing units:</p>	<p>6</p>

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>244</p>
<p>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:</p>	<p>15</p>
<p>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:</p>	<p>8</p>
<p>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:</p>	<p>4</p>
<p>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:</p>	<p>2</p>

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:	4
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:	1
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:	2
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:	1
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:	2
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:	0
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):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	56
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:	2
32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
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:	<p>The Assistant Facility Director/PCM, QA Manager, HR/Finance Coordinator, Training Coordinator and the Maintenance Supervisor are shared positions with the El Paso Transitional Center. There are currently vacancies for two Monitor I's.</p> <p>Contractors include four food service workers and two religious volunteers. Contractors and volunteers provide services at this facility and at the El Paso Transitional Center.</p>
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13

<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Random residents were selected from each of the six housing units.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>Due to many residents being employed outside of the facility, random residents selected to be interviewed were chosen by their availability.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</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>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:</p>	<p>2</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>2</p>

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>The facility is a community confinement facility and therefore, does not have a segregated housing unit.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There was one resident who self-disclosed during risk screening of previous victimization who refused to be interviewed.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p>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):</p>	<p>Four random staff from the first and second security shifts and three from the third shift were interviewed.</p>

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):	16
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>63. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The Agency Head Designee and the PREA Coordinator were interviewed prior to the onsite audit visit. The volunteer was interviewed by telephone. In addition to the TDCJ Contract Monitor interviewed, the PREA Ombudsman Compliance Manager was also interviewed.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>64. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>68. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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).</p>	<p>On the first day of the audit visit, the PREA screening of a newly assigned resident was observed. The screening was conducted in a private room with the door closed to ensure confidentiality to screening information. The Intake Coordinator provided written and verbal PREA information to the resident. All resident phones were tested in each housing unit in attempts to call the external reporting options. The majority of residents phones either did not have a dial tone or there was a lot of static on the lines. The phone in I Dorm was in working order and the number to the PREA Ombudsman was dialed. The facility contacted the telephone vendor for repair. Documentation was provided by the facility showing the phone vendor completed phone repairs on 9/17/24. The access number to Voyce was tried and found to be accessible. Voyce was not used as Spanish speaking staff provided translation for LEP residents.</p> <p>During the site review a blind spot was noted in the far-right back corner in the kitchen area. It was recommended a mirror would improve visibility to this area. On the second day of the onsite audit visit, the kitchen was revisited, and a mirror had been installed.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

Human resources records of 21 employees, two contractors and one volunteer were selected and reviewed for compliance with criminal background requirements and PREA training.

Twenty-seven resident files were reviewed for compliance with risk screening requirements and the requirements of PREA education for residents.

Two investigative files were reviewed while onsite and additionally, investigations completed during the Post Onsite Audit Phase were reviewed.,

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
Inmate-on-inmate sexual abuse	2	1	2	1
Staff-on-inmate sexual abuse	2	0	2	0
Total	4	1	5	1

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
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	0	4	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
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	4	4	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	4	0	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:	4
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<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 0

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.

One allegation of inmate-on-inmate sexual abuse was determined to be substantiated through an administrative investigation and is pending criminal investigation by the El Paso Sheriff's Department. Another allegation of inmate-on-inmate sexual abuse was determined to not meet the criteria for PREA and one allegation was determined to be employee voyeurism.

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

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

Coordinator's position within the agency. The PREA Coordinator answers to the Vice President, Core Services. The PREA Coordinator, who when interviewed on 8/13/24, reported that she has sufficient time and authority to develop, implement and oversee CoreCivic's efforts to comply with the PREA standards. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all CoreCivic's facilities. Page 4, section A-2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator. When interviewed, the PREA Coordinator stated she has sufficient time and authority to oversee the agency's PREA program. The PREA Coordinator stated, "I coordinate efforts for all CoreCivic facilities to be compliant with the PREA standards by scheduling audits, developing training, conducting mock audits of facilities, answering questions from the field about PREA compliance, providing guidance on sexual abuse and harassment investigations, compiling macro and micro statistics and metrics related to the PREA program, brief executive leadership about the efforts and challenges of the PREA program, and by coordinating with all of our partner agencies about PREA specific information when appropriate." When the PREA Coordinator was asked, if she identifies an issue with complying with a PREA standard, what actions or processes do you undertake to work toward compliance with the standard, she responded, "I communicate PREA requirements to all stakeholders, including facility leaders, investigators and upper management. I ensure that we are following all PREA standards and PRC guidance. Depending on the problem, I will also respond to facilities in person to provide training or technical assistance to remedy the problem."

The responsibilities of the PREA Compliance Managers are found on Page 2 of policy 14-2 CC. The PREA Coordinator stated, "At any given time, there are approximately 57 PREA Compliance Manager, including those from Community Corrections. The PREA office consists of two individuals. I am the Senior Director and handle audits and compliance issues including policy. Jillian Shane is a director and coordinates PREA investigation and training efforts. We have Quarterly Training sessions with PREA Compliance Managers via Skype and travel to the facilities for audits and training sessions. We are in contact with them daily on investigation and audit issues. If we are not at the facility in person, we generally communicate via Teams for meetings and training or e-mail and telephone for normal business correspondence."

The agency's 14-2 CC policy was found to be very comprehensive and both the PREA Coordinator and the PREA Compliance Manager were very knowledgeable when interviewed; therefore, the facility was found to exceed in the requirements of this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.212: CoreCivic is a private provider and does not contract with other agencies

	for the confinement of its residents; therefore, this standard is not applicable to this facility.
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115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.213 (a) Based on policy 14-2 CC, pages 7 & 8, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any findings of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors. In interview with the Facility Director, she confirmed what is considered when assessing staffing levels. She stated the staffing plan should have camera surveillance and staff to be able to cover the entire facility.</p> <p>The agency's PREA Coordinator responded to how facilities assess adequate staffing levels and the need for video monitoring equipment when developing facility staffing plans as follows:</p> <ul style="list-style-type: none"> • "Every facility uses a standardized 14-21 form with these specific questions included and an answer space to provide an answer. Each time there is an incident review conducted; facility plant features are considered as to whether they contributed to the incident." • "If an audit indicates the need to add camera coverage, the request is included in the budget proposal so that upgrades or additions can be made." • "Annual report metrics and ongoing analysis throughout the year is designed to identify patterns and causes of all reported incidents, but especially substantiated incidents (including staffing)." <p>115.213 (b): The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. The current staffing plan was predicted on a population of 300 residents. According to information provided on the Pre-Audit Questionnaire, the average daily population since the last PREA audit was 239 residents. The current PREA Staffing Plan allocates 13 security Monitors on the first shift, 11 on the second shift and 6 on the third shift. These numbers include one Monitor III and one Monitor II on each security shift. If there is</p>

deviation to the staffing plan, the PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, *Notice to Administration* in IRD. In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviations to the staffing plan. The Facility Director stated she ensures the ratios determined by TDCJ and corporate CoreCivic are met. The ratios are for the Therapeutic Community are from 6 am - 10 pm staff to resident ratio is 1:25 and from 10 pm - 6 am, 1:50. For the rest of the facility, the staff to resident ratios from 6 am-10 pm is 1:60 and from 10 pm-6 am, 1:100.

115.213 (c): The staffing plan is reviewed annually by the PREA Compliance Manager who completes an *Annual PREA Staffing Plan Assessment* (14-2I-CC) and forwards it to the Facility Director for review, who forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. When interviewed the PREA Coordinator stated, "I am required to review the plan and assessment, sign it when approved, and send the signed copy back to the facility to keep on file." The PREA Coordinator forwards the 14-2I-CC to the Vice President, Core Services for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. The *Annual PREA Staffing Plan Assessments* completed annually since the last PREA audit were provided for review. It was noted on the most recent Assessment completed on 4/18/24, that the staffing plan had been modified to reflect a change made by the Texas Department of Criminal Justice (TDCJ) Staffing Plan. All Monitor I's are now designated as Transportation/Utility Staff.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215 (a): Based on review of policy 14-2 CC, pages 14 & 15, section J, cross-gender strip or cross-gender visual body cavity searches of residents shall not be conducted except in exigent circumstances. In all TDCJ contracted facilities it is required security staff be trained in how to conduct cross gender frisk/pat searches (Policy 9-5 CC, section B). Frisk/pat searches will be conducted as outlined in TDCJ policy Cor-PG-03 CC <i>Searches</i>.</p> <p>115.215 (b): The agency does not permit cross-gender pat-down searches of female residents except in exigent circumstances. The El Paso Multi Use Facility does not house female residents; therefore, this provision of this standard is not applicable to this facility.</p> <p>115.215 (c): According to agency policy, whenever a cross-gender pat search of a female resident or a cross-gender strip search of any resident occurs, the search will</p>

be documented. This provision of this standard is not applicable to this facility. The El Paso Multi Use Facility does not house female residents.

115.215 (d): The facility has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Staff of the opposite gender are required to announce their presence when entering a resident housing unit. Residents are informed they are to dress and change in the shower area only. Signs on entry doors to housing units remind female staff to make opposite gender announcements before entering ("Opposite Gender Must Announce Upon Entry"). The practice of opposite gender staff announcing their presence when they entered the housing units was observed during the site review of the facility. Residents interviewed confirmed announcements are made and shared they feel they have privacy when they shower, toilet and change clothing when opposite gender staff are in their housing area.

115.215 (e): According to policy 14-2 CC, pages 15 & 16, section J-10, searches or physical examinations of transgender and intersex residents for the sole purpose of determining the resident's genital status is prohibited. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. In interview of random staff, they knew that this was prohibited by policy. At the time of the onsite audit visit, there were two transgender residents assigned to the El Paso Multi Use Facility.

115.215 (f): All searches of transgender and intersex residents shall be conducted in a professional and respectful manner and in the least restrictive manner possible consistent with security needs. According to page 15, section J-10-b, the gender of staff member searching a transgender or intersex resident will depend on the specific needs of the individual resident or on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination, which may change over the course of incarceration and should take into consideration the gender expression of the resident. Transgender and intersex residents may request an exception. The exception must be authorized by the Facility Director and clearly communicated to relevant staff through a memorandum. Staff are trained on how to conduct pat searches, including searches of transgender and intersex residents, in a professional and respectful manner. The *Search Procedures* curriculum was provided for review. In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. Receipt of this training was verified through review of random staff training records and confirmed in interviews with staff who reported they receive training on search procedures annually. Random staff interviewed reported cross gender pat searches are not allowed and knew a transgender or intersex resident may request approval from the Facility Director to be pat searched by a female staff member. One transgender resident interviewed stated she is being pat searched by male staff but would prefer it be by a female staff. She was reminded she could request approval for this through the Facility Director. The other transgender resident when interviewed stated male staff pat

	search her and she has no preference of the gender of staff to pat search her.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.216 (a): Based on review of policy 14-2 CC, pages 12 & 13, section H-6-8, residents are provided PREA education in formats accessible to all residents, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. The facility will ensure information is effectively communicated orally if necessary. In interview with the Vice President, Core Services (agency head designee), he stated, "CoreCivic has recently (2024) entered into a new contract with the vendor Voyce for all interpretation and translation services. Voyce allows every person at every facility to have immediate access to an interpreter multiple ways: website, video chat, phone call, etc. We have also used them to translate the resident handbooks into Spanish before. If a resident has other disabilities, staff is trained convey all information t them however appropriate (reading a document or helping someone find information, etc.) There are also multiple reporting options at each facility to ensure that all residents have a means of making a report either to CoreCivic or to an outside agency if they need help." The facility has a TTY stored in a closet in the administration hallway that is available for staff use at this facility and at the neighboring facility, the El Paso Transitional Center. In addition to the TTY, Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) may be reached by calling 512-371-1200 to provide assistance. Through a contract with Voyce Services, sign language interpretation is available. At the time of the onsite audit visit, there was one resident who was legally blind. He stated he has limited vision and reported that other residents help him by reading things to him if necessary. One resident who was selected to be interviewed as a targeted residents (bisexual) was found during interview to be hard of hearing and had cognitive deficits due to memory loss from several strokes he reported. He had difficulty responding to the PREA questions asked of him. A recommendation was made to the Assistant Facility Director/PREA Compliance Manager, that the resident's Case Manager meet with him to review PREA information, especially reporting options. On 9/26/24, the Assistant Facility Director/PREA Compliance Manager forwarded a Resident Log for the resident showing the Case Manager met with the resident and conducted a risk assessment, provided a verbal refresher on PREA reporting and showed him where the PREA posters were located in the facility.</p> <p>115.216 (b): The agency takes steps to ensure residents who are limited English proficient have access to all PREA information in a format they can understand. Residents receive a <i>Resident Handbook</i> and a <i>CoreCivic PREA Prevent, Detect, Respond</i> brochure, both available in English and Spanish. Residents view the <i>PREA</i>:</p>

	<p><i>What You Need to Know video</i>, available in English and Spanish. Bilingual staff provide translation for Spanish speaking residents and a contract with Voyce is used for the translation of any other languages. At the time of the onsite audit visit, there were four residents assigned to the facility identified as limited English proficient (LEP). Two LEP residents were interviewed, one with translation provided by the QA Manager. The second LEP resident stated he did not need a translator and was able to understand the questions asked of him and he responded appropriately.</p> <p>115.216 (c): The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. Staff translators or Voyce services are utilized to convey information to limited English proficient residents. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no instances where residents were used for this purpose. Random and specialized staff interviewed knew the agency prohibits using residents for this purpose. In interview of the two limited English proficient residents, they confirmed other residents have not interpreted for them.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.217 (a): Per policy 14-2 CC, pages 4 & 5, section B-1, the agency prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to have engaged in these activities. The agency requires that all applicants and employees who may have contact with residents have a criminal background check. NCIC/TCIC criminal background checks are conducted by the Texas Department of Criminal Justice (TDCJ) on all applicants and contractors. Once an applicant has been selected to be hired, a contract with First Advantage provides for a check on education, driving record, previous employment and drug screening. According to information provided on the PREA Audit Questionnaire and in interview with the Human Resource/Financial Coordinator, in the past 12 months 20 criminal background checks were conducted on new hires.</p> <p>115.217 (b): CoreCivic considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. This was confirmed in interview with the Human Resource/Financial Coordinator.</p>

115.217 (c): An effort is made to contact all prior institutional employers by telephone for information on substantiated allegations of sexual abuse or sexual harassments or any resignations during a pending investigation of an allegation of sexual abuse or sexual harassment. The El Paso Multi Use Facility makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegation of sexual abuse. In interview with the Human Resource/Financial Coordinator, the request is documented on the Verification of Employment form (3-20-2A).

115.217 (d): Agency policy requires that criminal background checks be completed on any contractor who may have contact with residents. The El Paso Multi Use Facility has four contracted food service workers. According to information provided on the Pre-Audit Questionnaire and in interview with the Human Resource/Financial Coordinator, in the past 12 months there was one contractor criminal background check conducted.

115.217 (e): CoreCivic requires that criminal background checks be conducted every five years on current employees and contractors who have contact with residents. At the El Paso Multi Use Facility, five-year criminal background checks are not required. Due to a Clearing House Reporting system in the state of Texas, criminal background checks are not required every five years. The fingerprints of employees and contractors are submitted and kept on file with the Department of Public Safety (DPS). DPS notifies TDCJ any time there is an arrest of an employee or contractor eliminating the need for additional criminal background checks after the initial NCIC/TCIC check.

115.217 (f): All applicants, employees, contractors and volunteers are asked about previous misconduct as stated in section 115.217 (a). Agency policy requires that the 14-2H-CC, Self-Declaration of Sexual Abuse/Sexual Harassment form be completed as part of the hiring process and as part of the promotional process. In review of the files of three employees who were promoted in the past 12 months, promotional 14-2H-CC forms were completed as required. In review of 21 employee human resource files, there were 11 annual Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H-CC) forms missing (2022 and 2023). Of the 11 employee files reviewed, five were missing 14-2H-CC forms for the current year. Due to this finding, the facility was found non-compliant with the requirements of this provision of this standard and therefore entered into a corrective action period. The Recommended Corrective Action Plan is as follows:

Recommended Corrective Action Plan:

- Develop a document to track all current employees and contractors for completion of annual 14-2H, Self-Declaration of Sexual Abuse/Sexual Harassment forms. Forward the tracking document to me and the Director, PREA Programs and Compliance.
- Ensure all current employees and contractors sign a 14-2H CC for the current year. Upload all completed 14-2H CC forms in the OAS.

- Develop a written procedure to ensure compliance with annual 14-2H CC beginning in 2025. Forward the new procedure to me and the Director, PREA Programs and Compliance.

Corrective Action Taken:

- On 10/6/24, the 14-2H-CC Tracking Log and 56 completed 14-2H-CC forms for employees were uploaded in the OAS.
- The 14-2H-CC forms for all assigned employees were reviewed and it was determined that all assigned employees have completed 14-2H-CC forms for 2024.
- On 10/8/24, the completed 14-2H-CC forms for all contractors were uploaded in the OAS and reviewed.
- On 10/11/24, a memo from the Senior Director, Facility Operations to all facility staff, detailing the process for ensuring compliance to the requirements of this provision of this standard was provided for review. Moving forward, the Human Resource/Financial Coordinator must create a log of all employees in January of each calendar year for all employees and ensure that each employee reviews and signs the 14-2H-CC. This will be logged and upon completion filed in the employee's individual human resource file.

During the Post-Onsite Audit Phase, in review of completed corrective action documentation provided by the facility, it was determined the facility achieved compliance to this provision and all provisions of this standard.

115.217 (g): CoreCivic policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

115.217 (h): 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 the employee has applied to work. In interview of the Human Resource/Financial Coordinator, the Facility Director is responsible for providing this information upon request.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.218 (a): Based on policy 14-2 CC, page 8, section E, when designing or

acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification of existing facilities on the ability to protect residents from sexual abuse. In interview with the Vice President, Core Services (agency head designee) he stated "CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. On new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms, and any areas where inmate/residents may be in the state of undress. Blind spots are identified that can be corrected through video surveillance coverage. During acquisitions, the staff making the site visits develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plant issues. At existing facilities, a form 7-1B (*PREA Physical Considerations*) Is used to ensure PREA is considered when initiating a renovation/new construction." According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit there were no expansions or modifications of the existing facility, and the facility has not acquired any new facilities.

115.218 (b): When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. In interview the Vice President, Core Services (agency head designee) stated, "Cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan Assessment that is reviewed each year by facility staff and the FSC PREA Coordinator. Some facilities do use staff-worn camera technology while others do not." On information reported on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit there have not been any new installations or updates of the video monitoring system. The facility provided a proposal for replacing the old camera system and adding additional cameras and replace monitors for the camera system in the near future. In interview with the Facility Director, she stated if approved, the work may be completed by the end of the year.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.221 (a): Based on policy 14-2 CC, pages 27 & 28, section O-4, CoreCivic and El

Paso Multi Use Facility are responsible for conducting administrative sexual abuse investigations on both resident-on-resident and staff sexual misconduct. There are four trained facility investigators responsible for conducting administrative investigations of sexual abuse and sexual harassment. They are the Facility Director, Assistant Facility Director/PCM, Operations Supervisor and the Case Manager Supervisor. All reports of sexual abuse that appear to be criminal are referred to the El Paso Sheriff's Department who follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. CoreCivic/El Paso Transitional Center and the El Paso Multi Use Facility are attempting to secure a Memorandum of Understanding (MOU) with the El Paso County Sheriff's Department for investigations of allegations of sexual abuse that appear to be criminal. On 9/17/24 the Sargeant of the Special Victims Unit was contacted to discuss the process in the event there was a sexual abuse at either facility. Absent of the MOU, the El Paso County Sheriff's Department is responsible for investigating any crime that occurs in their jurisdiction. If they receive a call of an allegation of sexual abuse a Patrol Officer would be dispatch to the facility for a preliminary report. If the abuse was alleged to have occurred within the timeframe that DNA evidence could be collected, the alleged victim would be transported to the University Medical Center of El Paso for a SANE exam. Following the completion of the criminal investigation, the evidence would be presented to the District Attorney to determine possible prosecution. The Sargeant stated the facility could receive updates of the status of the criminal investigation by telephone or e-mail and would be able to request a copy of the completed criminal investigative report through the Public Information Act.

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

115.221 (c): Victims of sexual abuse have access to forensic medical examinations. Residents in need of forensic exams are transferred to the University Medical Center of El Paso. The agency/facility is attempting to enter into a Memorandum of Understanding (MOU) with The University Medical Center of El Paso to provide forensic examinations to victims of sexual abuse. On 9/17/24 the Nursing Seminary Program Manager/SANE was contacted to review the procedures of SANE exams. Resident victims of sexual abuse will be transported to the Emergency Room of the University Medical Center of El Paso. The victim will be seen in the Emergency Room by a physician for medical clearance. SANE nurses are on duty 24/7 to perform the SANE exams. The SANE nurse will call the Center Against Sexual and Family Violence to request an advocate to accompany the victim through the SANE process. The victim would be given sexually transmitted infections prophylaxis and a prescription for HIV medications. All services will be provided at no cost to the victim. The Nursing Seminary Program Manager/SANE stated the MOU is in their legal department and after review and approval, the MOU will be forwarded to their

CEO for his signature. On information provided on the Pre-Audit Questionnaire and in conversation with the Nursing Seminary Program Manager/SANE, In the past 12 months, there were no referrals of residents for SANE exams, but on 9/20/24 an allegation of inmate-on-inmate sexual abuse was reported. The alleged victim was transported to the University Medical Center where a SANE exam was conducted. The administrative and criminal investigations are ongoing.

115.221 (d): In interview with the PREA Coordinator she stated, "Each facility has an MOU that spells out responsibilities of the facility and the agency which provides advocates be available. Advocates are always offered whenever an interview is conducted of a victim or if a resident is transported to the hospital for SAFE/SANE exams. The contact information for emotional support services is provided to residents via the resident handbook and is posted on the walls of the facility near any resident phone bank or on bulletin boards in common areas." When asked how do you ensure that MOU with a rape crisis center meets the qualifications described in Standard 115.221 (d), the PREA Coordinator stated, "We include these stipulations in the MOU that we sign with the agency providing the services. Both CoreCivic and the agency retain copies of the final and signed MOU." On 9/10/24 the Director of Sexual Assault Services was contacted to confirm and review the terms of the MOU. CASFV provides a 24/7 support hotline that is answered by both paid and volunteer advocates. Advocates initially receive 40-hours of training by CASFV which must be completed within the first six months of beginning their advocacy services. Calls to the hotline are confidential and are not monitored or recorded. At the start of any services provided, the resident would be required to sign a consent form. If a caller reports an allegation of sexual abuse, the advocate will inform the caller they could give verbal consent for the advocate to report the allegation to law enforcement or to the facility. Alleged victims of sexual abuse are offered SANE exams at a local hospital and are offered an advocate to accompany them through the SANE exam process. Other services offered is accompaniment during investigatory interviews and court proceeding's related to the sexual abuse, support groups and therapy, either onsite or by referrals to community providers. All services provided by CASFV are at no cost to the alleged victim. If any cost was incurred, the cost would be covered by Crime Victim Compensation.

115.221 (e): As requested by the victim, an advocate from the Center Against Sexual and Family Violence would be called upon to accompany the victim through the forensic exam process. This was confirmed in interview of the PREA Coordinator who stated, "CoreCivic has established MOUs with rape crisis centers, hospitals, and police departments in various jurisdictions which spell out the role of victim advocates. Investigators are trained to offer victim advocates during interviews and the SAFE/SANE process. If a partnership with a rape crisis center is unattainable, CoreCivic trains their staff to act as victim advocates using the PREA Resource Center/Just Detention International training curriculum.

115.221 (f): The facility has four trained facility investigators who are responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. Criminal investigations are conducted by the El Paso County Sheriff's Department. In review of the terms of the MOU draft for the El Paso County

	Sheriff's Department, the responsibilities of the El Paso County Sheriff's Department are outlined in the pending MOU.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.222 (a): According to CoreCivic Policy 14-2 CC, page 26, section N-1 and pages 27 & 28, section O-1-3, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The Facility Director is responsible for ensuring an administrative and/or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of all allegations of sexual abuse and sexual harassment. The El Paso Sheriff's Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. In interview with the Vice President, Core Services (agency head designee), he stated, "There is never a circumstance where an administrative investigation is not conducted on a sexual abuse or harassment allegation. CoreCivic does not conduct criminal investigations, but we cooperate with the law enforcement partner to ensure prioritization of the criminal case over the administrative one." He also stated in interview, "Administrative investigations are conducted by staff who have completed specialized investigative training for investigating sexual abuse. Administrative investigations are done with care not to disrupt or have negative impact on the criminal investigation. All investigations shall be done in a prompt, thorough and objective manner, using preponderance of the evidence as the threshold of proof for substantiation. All investigative efforts must be documented on forms identified in policy." On information reported on the Pre-Audit Questionnaire, in the past 12 months there two allegations of inmate-on-inmate sexual abuse reported and administratively investigated. Since the PREA audit questionnaire was submitted, there were eight additional allegations reported and administratively investigated. One of the allegations was referred for criminal investigation with the investigation ongoing.</p> <p>In review of a PREA-related grievance submitted by a resident on 8/23/24 alleging employee-on-inmate sexual abuse related to a pat search alleged to have occurred on 8/22/24. On 9/4/24, the grievance was returned to the resident with a notation made by the Intake Coordinator, who is the Grievance Coordinator. It was returned with the reason returned noted as "No Documented Attempt at Informal Resolution". The El Paso Multi Use Facility follows TDCJ's grievance process as outlined in policy RRC 2.8, <i>Grievances</i>. According to page 2, section VII-A, the last sentence of that paragraph states "The Facility Director and the PREA Coordinator shall be notified of all PREA-related grievances, and a PREA investigation shall begin in accordance with RRC 4.5 and the facility's emergency plan." On 8/29/24, the alleged victim called the TDCJ PREA Ombudsman's office and reported his</p>

allegation. On that same date the Facility Director received an e-mail from the TDCJ PREA Ombudsman regarding a "serious allegation of a PREA violation". In review of the investigative file of this allegation, an investigation was not initiated until 9/5/24. The alleged victim first reported his allegation through his grievance received on 8/23/24 and again reported his allegation on 8/29/24 when he called the TDCJ PREA Ombudsman's office. An administrative investigation was not initiated until 9/5/24. The Intake Coordinator/Grievance Coordinator failed to report the allegation upon the receipt of the grievance and the Facility Director failed to ensure an administrative investigation was initiated when she received notification from the TDCJ PREA Ombudsman. Due to this finding, the facility entered into a corrective action period. The Recommended Corrective Action Plan was discussed with the Director, PREA Programs and Compliance during the onsite audit visit. She suggested she would be willing to offer retraining on the procedures to follow when allegations of sexual abuse and/or sexual harassment are reported to ensure for all allegations an administrative and/or criminal investigation be completed. She will also include in her retraining the requirements of other standards that relate to investigations. The Director, PREA Programs and Compliance will facilitate the following Recommended Corrective Action Plan.

Recommended Corrective Action Plan:

- Develop a Training Plan for retraining on the requirements of this standard and procedures, as well as for standards 115.252, 115.261, 115.266 and 115.271, and provide me with the training plan.
- Deliver the training virtually to ADO staff. Provide the names of those who attended the training.
- Require ADO staff to retrain their facility staff sharing the information learned during virtual training.
- Provide Training Rosters of who attended the training.

Corrective Action Taken:

- On 10/30/24 the Director, PREA Programs and Compliance forwarded three completed investigation packets for allegations received during the Post Onsite Audit Phase. The three incidents were alleged to occur on 10/22/24. They were all administratively investigated and determined to be unfounded. In review of the investigative files, required documentation was complete in each of the three investigative files.
- On 11/13/24 the Director, PREA Programs and Compliance forwarded a 4-2A-CC, *Training Roster* for virtual training held on 11/13/24. Those in attendance included the Facility Director, Assistant Facility Director/PREA Compliance Manager and the Operations Supervisor. She also forwarded a training curriculum which included *PRC Standard in Focus* for standards 115.222, 115.261, 115.266 and 115.271, *Community Facilities - PREA Investigation - Required Documents, Community PREA Investigation Instructions, New PREA Investigation Training* and *5-1G - Incident*

Investigation Report.

- Throughout the Post Onsite Audit Phase, upon completion of administrative investigations the Assistant Facility Director/PREA Compliance Manager forwarded completed investigative files to the Director, PREA Programs and Compliance who in turn, forwarded the files to me and uploaded the files into the OAS. This included a total of eight allegations administratively investigated since the onsite audit visit.
- On 11/17/24, the Assistant Facility Director/PREA Compliance Manager sent all El Paso Multi Use Facility staff an e-mail reviewed the requirements of staff reporting of sexual abuse and sexual harassment and procedures required of first responders to an incident of sexual abuse. The memo included attachments for staff review of these topics.
- On 11/19/24 a virtual meeting was held with the Facility Director, Assistant Facility Director/PREA Compliance Manager, Senior Director, Facility Operations and me were in attendance to discuss and review investigations and corrective action taken. There are plans are for ADO staff to conduct an overview of PREA reporting and procedures with frontline staff through town hall meetings.

In review of all investigative files of allegations reported for the past 12 months, all investigations were found to be thoroughly investigated. Required agency forms were completed and found maintained in the respective files. There was communication through telephone and e-mail with the Assistant Facility Director/PCM and the Director, PREA Programs and Compliance throughout the Post Onsite Audit Phase. It was determined the facility achieved compliance to all provisions of this standard.

115.222 (b): According to CoreCivic policy 14-2 CC, page 27, section O-1, CoreCivic facilities do not conduct criminal investigations of allegation of sexual abuse. If an allegation of sexual abuse or sexual harassment appears to be criminal, the allegation will immediately be reported to the El Paso Sheriff's Department. All referrals are documented. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<http://corecivic.com/security-operations/prea>). In interview with the facility investigators, they knew to refer any allegations that appear to be criminal to the El Paso Sheriff's Department for investigation.

115.222 (c): CoreCivic and the El Paso Transitional Center and the El Paso Multi Use Facility are attempting to secure a Memorandum of Understanding (MOU) with the El Paso Sheriff's Department for investigations of allegations of sexual abuse that appear to be criminal. On 9/17/24 the Sargeant of the Special Victims Unit was contacted to discuss the process in the event there was a sexual abuse at either facility. Absent of the MOU, the El Paso Sheriff's Department is responsible for investigating any crime that occurs in their jurisdiction. If they receive a call of an allegation of sexual abuse a Patrol Officer would be dispatch to the facility for a preliminary report. If the abuse was alleged to have occurred within the timeframe that DNA evidence could be collected, the alleged victim would be transported to the University Medical Center of El Paso for a SANE exam. Following the completion

	<p>of the criminal investigation, the evidence would be presented to the District Attorney to determine possible prosecution. The Sargeant stated the facility could receive updates of the status of the criminal investigation by telephone or e-mail. The facility can request a copy of the completed criminal investigative report through the Public Information Act. Information about investigations published on the agency's website (http://corecivic.com/security-operations/prea) describes the responsibilities of CoreCivic and the investigating entity.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>115.231 (a): Policy 14-2 CC, pages 5 & 6, section C-1-3, addresses the agency’s requirements of employee PREA training. All CoreCivic employees receive training on the agency’s zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually at in-service. The <i>PREA Overview</i> curriculum was provided for review. The training, completed by employees during pre-service and annually in in-service training, was found to include information on the agency’s zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the residents’ right to be free from sexual abuse and sexual harassment, the rights of residents and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTI residents and how to comply with relevant mandatory reporting laws. In interviews with 25 staff, they confirmed what information was covered in the training.</p> <p>115.231 (b): The training is tailored to meet the needs of male and female residents. Employees who are reassigned from facilities housing only one gender of residents are given additional training to meet the needs of the opposite gender population. Between trainings, employees are provided with quarterly PREA Refresher training.</p> <p>115.231 (c): In interview with the Learning and Development Manager, he stated Pre-Service PREA training is a two-hour instructor led training for new hires. Annually employees complete two hours of web-based PREA training through an E-Learning. He reported this year the PREA training was 100% complete as of June 30th. The PREA standard requires PREA training every two years. The agency/facility exceeds this requirement and requires employees to complete PREA training annually.</p> <p>115.231 (d): The Learning and Development Manager maintains documentation that employees have completed PREA training. Employees sign a <i>CoreCivic PREA</i></p>

	<p><i>Training Acknowledgement Pre-Service and In-Service</i> form (14-2A-CC) form acknowledging they have completed PREA training, and they understood the training they received or electronically acknowledge the training they completed. In review of training information for 21 employees, documentation was complete with 14-2A-CC forms for each year an employee has been assigned to the facility since the last PREA audit.</p> <p>Due to the knowledge of the employees interviewed and in review of PREA training records, the facility was found to exceed in the requirements of this standard.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.232 (a): CoreCivic policy 14-2, page 7, section C-8, outlines the training requirements for contractors and volunteers. The objectives of the trainings ensure volunteers and contractors are trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection and response policies and procedures. The El Paso Multi Use Facility has four contractors and two volunteers. Both volunteers and contractors provide services to the El Paso Multi Use Facility and to the El Paso Transitional Center.</p> <p>115.232 (b): The level and type of training provided to contractors and volunteers is based on the services they provide. Per policy and standard requirements, all contractors and volunteers who have contact with residents are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents. Volunteers complete the <i>PREA Overview: Training for Contractors and Volunteers</i> (14-2K-CC) facilitated by the QA Manager. The curriculum for the training was provided for review. Volunteers are informed of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. In interview with two volunteers, they confirmed completing PREA training and were knowledgeable of the agency's zero-tolerance policy and knew whom to report to. The Learning and Development Manager is responsible for PREA training for contractors. Contractors complete the same online <i>PREA Overview</i> training annually as employees do. In interview of contractors, they reported in addition to CoreCivic PREA training, they also receive PREA training from their employer, Trinity Services Group.</p> <p>115.232 (c): Volunteers sign a <i>PREA Zero Tolerance Policy Acknowledgement form</i> (14-2J-CC), and a <i>Volunteer Training Roster</i> (4-2A-CC). Volunteer records are maintained by the QA Manager. Contractors sign a <i>CoreCivic PREA Training Acknowledgement Pre-Service and In-Service</i> form (14-2A-CC) form acknowledging they have completed PREA training, and they understood the training they received.</p>

	The Learning and Development Manager maintains contractor training records.
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115.233	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>115.233 (a): Based on CoreCivic’s policy 14-2 CC, pages 11 & 12, section H-1-5, all residents receive information upon arrival to the facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information provided on the Pre-Audit Questionnaire, in the past 12 months 965 residents assigned to the El Paso Multi Use Facility received PREA information at intake. Residents receive a TDCJ <i>Residential Reentry Center (RRC) Resident Handbook and a CoreCivic PREA Prevent, Detect, Respond</i> brochure (14-2AA) on day of arrival to the facility and view the <i>PREA: What You Need to Know</i> video. Interview of the Intake Coordinator and Case Managers confirmed what information residents receive upon arrival to the facility. Twenty-five residents formally interviewed, and 15 residents informally interviewed confirmed they received written and verbal PREA information upon arrival to the facility and confirmed viewing the PREA video.</p> <p>115.233 (b): Residents who transfer from another community confinement facility receive the same PREA education as all residents assigned to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no residents who transferred from a different community confinement center.</p> <p>115.233 (c): Residents are provided PREA information in formats accessible to all residents. Written PREA information and posted information is provided in both English and Spanish. The PREA educational video is available in English and Spanish. The facility has a contract with Voyce Services to provide translation of PREA information in any language. A TTY located in a storage closet in the administration hallway is available for residents who are deaf or hard of hearing or assistance can be provided by contacting TACOMMI. In interview of two LEP residents, they confirmed receiving written and verbal PREA information in Spanish.</p> <p>115.233 (d): Eighteen resident records were reviewed to determine compliance to the requirements of PREA education for residents. On day of arrival to the facility residents sign an <i>Initial Orientation Form</i>, a <i>RRC Resident Handbook Acknowledgement</i> form and a <i>Prison Rape Elimination Act (PREA) Reporting Information</i> form. All records reviewed were complete with the necessary documentation.</p> <p>115.233 (e): Ongoing information is provided continuously on posters, both in</p>

	<p>English and Spanish, prominently displayed in various locations throughout the facility.</p> <p>All residents interviewed were aware of the zero-tolerance policy and methods of reporting sexual abuse and sexual harassment available to them. The facility is doing an excellent job of conveying PREA information to all residents as was evident in review of resident records and the level of knowledge of residents when interviewed.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.234 (a): Based on CoreCivic’s policy 14-2 CC, page 6, section C-5, in addition to general training provided to all employees, CoreCivic ensures facility Investigators receive training on conducting sexual abuse investigations in confinement settings. The facility has four trained facility investigators. They are the Facility Director, Assistant Facility Director/PCM, Operations Supervisor and the Case Manager Supervisor. When interviewed, Investigators confirmed completing specialized investigation training.</p> <p>115.234 (b): The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution as verified in review of the <i>Investigating Sexual Abuse in Confinement Settings</i> curriculum, a web-based NIC training course, provided for review. When interviewed, the Investigators confirmed the topics addressed in the training.</p> <p>115.234 (c): The facility provided copies of certificates of completion of specialized training of the facility investigators. The facility also maintains documentation of the general PREA training provided to all employees completed by the facility Investigators. When interviewed, Investigators knew their responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and their responsibility for referral of any allegations that appear to be criminal to the El Paso Sheriff’s Department.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.235 (a): According to CoreCivic policy 14-2 CC, pages 6 & 7, section C-6-7, in addition to the general training provided to all employees all full and part-time Qualified Health Care Professionals and Qualified Mental Health professionals, working at CoreCivic facilities receive specialized medical/mental health training. The training includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment.</p> <p>The El Paso Transitional Center does not employ medical or mental health staff. Medical and mental health services are provided by referral to outside community providers.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.241 (a): Residents are screened for their risk of being sexually abused or sexually abusive towards others according to policy 14-2 CC, pages 9- 11, section G. Upon admission to the El Paso Multi Use Facility, all residents are screened for their risk of being sexually abused or sexually abusive towards others. The Intake Coordinator or a Case Manager screen residents upon admission to the facility. The Intake Coordinator and the Case Managers when interviewed explained the intake screening process.</p> <p>115.241 (b): At the El Paso Multi Use Facility, intake screening is completed within 24 hours of arrival to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 965 residents assigned to the facility were screened within 24 hours of arrival for their risk of sexual victimization and sexual abusiveness, which exceeds the 72-hour requirements of this provision of this standard. In review of 27 resident records and in interview of residents confirmed residents are being screened within 24 hours of their arrival to the facility.</p> <p>115.241 (c): Residents are screened, using CoreCivic’s <i>Sexual Abuse Screening Tool</i> (14-2B-CC), an objective screening tool. The 14-2B-CC is completed in the COATS, an electronic assessment tracking program.</p> <p>115.241 (d): In review of the screening tool, it was found to consider all of the criteria required in this provision of this standard. The Intake Coordinator and Case Managers interviewed confirmed the information the <i>Sexual Abuse Screening Tool</i> (14-2B-CC) screening tool contains.</p> <p>115.241 (e): The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive, as confirmed by interview of the Intake Coordinator and Case Managers.</p>

115.241 (f): According to policy 14-2 CC, page 11, section G-11, between 25-30 days after arrival to the facility, residents are rescreened by Case Managers using the *Sexual Abuse Screening Tool* (14-2B-CC) to reassess the resident's risk of victimization or abusiveness. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 672 residents assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness. Case Managers interviewed stated they schedule rescreening's from 25-30 days past the resident's intake day. In review of 27 resident records to determine compliance with screening procedures, in each case, residents were rescreened before the 30-day date.

115.241 (g): In interview of the Case Managers, a resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. In records reviewed, two recent alleged victims of sexual abuse were not rescreened following their alleged incident of sexual abuse. This finding was brought to the attention of the Assistant Facility Director/PCM. One alleged victim was rescreened on 9/25/24 and the other on 9/26/24. The Assistant Facility Director/PCM uploaded the 14-2B-CC forms into OAS for my review.

115.241 (h): Residents are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.

115.241 (i): The 14-2B-CC forms are stored electronically in COATS, an electronic resident management system. To maintain confidentiality of screening information, access to this information is allowed to employees who have certain access to COATS. In interview of the PREA Coordinator she stated, "It is in policy that access to the 14-2B and/or partner agency risk assessments are secured in the inmate's file in record offices where access is controlled to only those who need access such as Case Managers and treatment personnel. Those assessments on computers are protected by passwords and are not accessible to all staff." Case Managers file 14-2B-CC forms of current residents in filing cabinets kept in their offices. When residents leave the facility their paper charts are stored in the Records Room. In information provided by the facility, the Facility Director has designated the following individuals are allowed access to the Records Room: Facility Director, Assistant Facility Director, HR/Administrative Coordinator, Treatment Manager, Case Manager Supervisor, Operations Supervisor, TDCJ Personnel (Parole, Contract Monitors) and Records Clerks. The Records Room remains lock at all times to ensure confidentiality to resident records. The Intake Coordinator and Case Managers when interviewed confirmed who is allowed access to screening information.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.242 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. Policy 14-2 CC, page 12, section I-1, addresses the use of the information obtained during the screening process. In interview with the PREA Coordinator she stated, "Risk assessment information is used to assign housing, jobs and programs. CoreCivic does not house victims with predators, and we try to house especially vulnerable populations in safer areas: ones where there is better camera coverage or that are closer to monitor stations, etc. If there is a safety concern raised in the risk assessment process, it is addressed and considered when assigning housing, jobs and programs." In interview of the Intake Coordinator and Case Managers, they stated residents who score at risk for victimization are housed in front of the dorms closer to the door near camera view. Residents who score at risk for abusiveness are housed towards the back of the dorm near camera view or are housed in another dorm.

115.242 (b): Pages 12 & 13, section I of policy 14-2 CC, addresses how individualized determinations on a case-by-case basis are made about how to ensure the safety of each resident. In interview with the Intake Coordinator and Case Managers they explained how the facility utilizes information from the screening to keep residents safe from sexual abuse. Residents who score at risk for victimization or abusiveness are not housed together. Victims and predators are tracked on the COATS Alert Roster. In review of 27 resident screening information, 14 of the 27 residents whose records were reviewed scored to be at risk of victimization or abusiveness and were found being tracked on the COATS *Alert Roster* and housed appropriately.

115.242 (c): Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in policy 14-2 CC, page 13, section I-7. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, CoreCivic considers on a case-by-case basis whether the placement would ensure the transgender or intersex resident's health and safety and whether the placement would present management or security problems. In interview with the PREA Coordinator she stated, "In addition to initial and follow-up assessments, CoreCivic has a 14-9 policy that includes a Transgender and Intersex Assessment form (14-9A form). This form is used to document preferences regarding pronouns, searches, showering separately, medical needs, and other issues inherent to those who identify as transgender or intersex. All transgender residents are reassessed for their risk and needs twice a year. These assessments and conversations are used to inform housing, job, and program placements to protect residents from victimization." When asked if the agency considers whether the placement would present management or security problems, the PREA Coordinator responded, "All placements are made with consideration to resident, staff, and facility security and safety."

115.242 (d): Transgender and intersex residents' own view of his or her safety is given serious consideration. According to policy 14-2 CC, page 14, section I-7-c,

transgender or intersex resident gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments. In interview with the PREA Coordinator she stated, "A conversation is had with any resident who identifies as transgender or intersex upon intake (or soon thereafter) where they are asked who they want to search the, whether they feel safe housed at the facility and an assessment about their individual needs and wants are considered." At the time of the onsite audit visit, there was two residents who self-disclosed being transgender.

115.242 (e): According to agency policy, page 1, section J-10-h, transgender and intersex residents are given the opportunity to shower separately from other residents. Transgender and intersex residents are asked if they want accommodations for showering. If so, residents are offered specific times for showering and staff to stand watch outside of the shower area. In interview of the PREA Coordinator she stated, all transgender and intersex residents are given the opportunity to shower separately from other residents. In a memo from the Assistant Facility Director/PREA Compliance Manager to all staff outlines showering procedures for transgender and intersex residents. "Upon request the transgender/intersex resident will be given the opportunity to shower separately from other residents in their assigned form for a maximum of 15 minutes without other residents being present. A staff member of the same gender will remain outside the shower area to ensure privacy during the shower. Once completed, the staff member will allow residents back into the shower area. In interview of the two transgender residents both stated they do not remember beings asked if they wanted the opportunity to shower alone. One transgender resident stated, "I just stick to TDCJ rule and shower after 10:30 p.m." The other transgender resident stated showers are not a problem because everyone showers alone. If one resident is in the shower, others respect their privacy and do not come in.

115.242 (f): The facility shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units, wings or dormitories solely on the basis of gender identification or status. In interview with the PREA Coordinator she stated, "It is against CoreCivic policy and practice to place an LGBTI resident in a designated housing unit based on gender identity, sex or sexual orientation. When we conduct training, staff is instructed that this is an unacceptable approach to making housing and placement decisions." The PREA Coordinator further stated the agency or facility are not subject to a consent decree, legal settlement or legal judgement requiring that it establish a dedicated facility, unit or wing for lesbian, gay, bisexual, transgender or intersex residents.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.251 (a): Policy 14-2 CC, pages 17 & 18, section K-1, outlines the procedures for resident reporting of allegations of sexual abuse and sexual harassment, retaliation by other residents or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed of the zero-tolerance policy and methods of reporting in the CoreCivic *PREA Prevent, Detect, Respond* brochure and in the *TDCJ Resident Handbook* and on information posted throughout the facility in both English and Spanish. Residents are informed they can report allegations to the Assistant Facility Director/PREA Compliance Manager or other supervisory staff by forwarding a letter, sealed and marked "confidential" and can verbally report to any staff member or volunteer. They are also told family and friends can report an allegation on their behalf as a third party. Third party information is available on *Speak Up* posters. Residents and staff interviewed were aware of resident reporting options available to them.

115.251 (b): Residents are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. Residents are provided with the telephone numbers, mailing addresses and website addresses for the TDCJ PREA Ombudsman's Office, TDCJ Ombudsman Office, TDCJ Parole Division Ombudsman and the Office of Inspector General (OIG). They are also informed they can call the El Paso Sheriff's Department directly or dial 911. In interview the PREA Coordinator she stated, "Each facility has a different external reporting source identified, depending on the partner and jurisdiction. At some facilities, the address to a local sheriff or police department is provided. The residents have access to resources at the partner agency in addition to the CoreCivic resident concern line and Ethics Line, where they can remain anonymous making a report. All internal and external reporting resources are posted near the phone bank at the facility and are included in the Resident Handbook." When asked if the procedures external reporting options enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon requested, she responded, "Whenever we establish a partnership with an external reporting source, we ensure that the agency that we partner with understands these requirements. In the case of a police partner, they either call the facility or respond directly when a complaint or allegation is received."

115.251 (c): Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to promptly document all verbal reports as stated on page 18, section K-2-b of policy 14-2 CC. Staff interviewed knew the reporting options for residents and knew verbal reports must be documented. Staff who fail to report allegations may be subject to disciplinary action.

115.251 (d): According to policy 14-2 CC, page 19, section K-2-f, CoreCivic employees, contractors, volunteers and third parties may privately report sexual abuse and sexual harassment of residents in writing or may contact the CoreCivic's Ethics and Compliance Hotline at 1-800-461-9330 or report on Ethics Line website at www.corecivic.com/ethicsline. Reporting methods can be found on the CoreCivic website and in the *CoreCivic Code of Ethics*, pages 16 & 17. Staff are informed of

	<p>the Ethics Line on <i>Speak Up</i> posters. Employees can also report in writing to the Facility Director in a sealed envelope marked "Confidential".</p> <p>Residents interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of residents by calling the agency's Ethics and Compliance hotline or reporting on the Ethics Line website and in writing confidentially to the Facility Director/PREA Compliance Manager.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.252 (a): According to CoreCivic policy 14-2 CC, page 18, section K-1-d, CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. The contracting agency, the TDCJ mandates the El Paso Multi Use Facility follow TDCJ's Operational Plan RRC 2.8, Grievances, in resolution of PREA-related concerns. Residents are informed of the grievance procedures in the <i>TDCJ Resident Handbook</i>. Residents interviewed knew they could file a grievance alleging sexual abuse or sexual harassment.</p> <p>115.252 (b): According to RRC 2.8, page 2, section VII A, if a grievance is deemed by the Grievance Coordinator to be an emergency grievance or has PREA-related concerns, the grievance shall be given immediate attention. Attachment C to TDCJ Operational Plan RRC 2.8, Grievance Emergency Checklist, is used to determine if a grievance is an emergency grievance or if the grievance alleges sexual abuse. There is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse and the grievance may be reported by a third party. PREA-related grievances do not require informal resolution. The Assistant Facility Director/PREA Compliance Manager will be informed immediately if a resident submits a grievance alleging sexual abuse or sexual harassment. In interview of the Assistant Facility Director/PCM and on information reported on the Pre-Audit Questionnaire, in the past 12 months there were no PREA-related grievances filed. In information requested during the on-site audit visit, there was one grievance alleging employee-on-inmate sexual abuse received by the facility on 8/23/24. According to page 2, section VII-A, the last sentence of that paragraph states "The Facility Director and the PREA Coordinator shall be notified of all PREA-related grievances, and a PREA investigation shall begin in accordance with RRC 4.5 and the facility's emergency plan." The grievance was returned to the resident on 9/4/24 with the reason returned noted as "No Documented Attempt at Informal Resolution." On 8/29/24, the alleged victim called the TDCJ PREA Ombudsman's office and reported his allegation. On that same date the Facility Director received an e-mail from the TDCJ PREA Ombudsman regarding a "serious allegation of a PREA</p>

violation". Both the Facility Director and the Assistant Facility Director/PCM reported they learned of the grievance on 9/9/24 when the Intake Coordinator/Grievance Coordinator informed the Operations Supervisor of the grievance, who in turn shared this information with the Facility Director and the Assistant Facility Director/PCM. In review of the investigative file of this allegation, an investigation was not initiated until 9/5/24. It appears the TDCJ grievance procedures were not followed due to the investigation not initiated until 13 days after the grievance was received by the Intake Coordinator/Grievance Coordinator. Due to this finding, the facility did not meet compliance to this provision of this standard and entered into a corrective action period. The Recommended Corrective Action Plan is as follows:

Recommended Corrective Action Plan:

- Retrain the Intake Coordinator/Grievance Coordinator on the TDCJ grievance process related to grievances alleging sexual abuse or sexual harassment.
- Provide documentation upon completion of the training.

Corrective Action Taken:

- On 11/4/24, the Assistant Facility Director/PCM met with the Intake Coordinator/Grievance Coordinator and reviewed the grievance procedures as they relate to allegations of sexual abuse and sexual harassment.
- The Assistant Facility Director/PCM provided a memorandum she sent to the Intake Coordinator/Grievance Coordinator on 11/4/24 outlining the grievance procedures she reviewed with the Intake Coordinator/Grievance Coordinator on that date.

Due to the corrective action taken, the facility was found to meet compliance to provision 115.252 (b) of this standard.

115.252 (c): Residents who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

115.252 (d): The grievance plan and procedures require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

115.252 (e): Third parties, including other residents, can file a grievance on behalf of a resident. If a third-party file a grievance on behalf of a resident, the alleged victim must agree to have the request filed on his or her behalf. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

115.252 (f): If the facility receives a grievance that is determined to be an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse it is required the highest-ranking supervisor be notified and immediate written notification be made to appropriate staff. An investigation will immediately be initiated.

	115.252 (g): If a resident is found to have intentionally filed a false grievance or an allegation against another individual shall be subject to disciplinary action.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253 (a): Policy 14-2 CC, pages 8 & 9, section F, outlines the agency’s policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone number and the mailing address to the Center Against Sexual and Family Violence (CASFV) where residents can request victim advocacy and emotional support services. Residents are informed of services CASFV provides on posted information and in the TDCJ Resident Handbook. In interview with random residents, they knew where to find information about services available for victims of sexual abuse.</p> <p>115.253 (b): Residents are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents are informed calls to the CASFV are not recorded or monitored. During the site review, the number to CASFV was called on a resident pay phone. The advocate who answered the call when asked if our conversation was private, she responded that calls are not recorded or monitored and can remain anonymous. When interviewed, random residents knew they could remain anonymous upon request.</p> <p>115.253 (c): CoreCivic has a Memorandum of Understanding (MOU) with the Center Against Sexual & Family Violence (CASFV) to provide emotional support services related to sexual abuse to the residents of the El Paso Multi Use Facility and the El Paso Transitional Center. On 9/10/24 the Director of Sexual Assault Services was contacted to confirm and review the terms of the MOU. CASFV provides a 24/7 support hotline that is answered by both paid and volunteer advocates. Advocates initially receive 40-hours of training by CASFV which must be completed within the first six months of beginning their advocacy services. Calls to the hotline are confident and are not monitored or recorded. At the start of any services provided, the resident would be required to sign a consent form. If a caller reports an allegation of sexual abuse, the advocate will inform the caller they could give verbal consent for the advocate to report the allegation to law enforcement or to the facility. Alleged victims of sexual abuse are offered SANE exams at the University Medical Center and are offered an advocate to accompany them through the SANE exam process. Other services offered is accompaniment during investigatory interviews and court proceeding’s related to the sexual abuse, support groups and therapy, either onsite or by referrals to community providers. All services provided by CASFV are at no cost to the alleged victim. If any costs are incurred, the cost would be covered by Crime Victim Compensation.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254 (a): The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or the Facility Director. Per CoreCivic policy 14-2 CC, page 19, section K-2-f, information on third party reporting is made available on CoreCivic’s website (www.corecivic.com/ethicsline) with instructions for outside parties to contact the Facility Director or the PREA Coordinator and the telephone number to reach the Ethics Line (1-800-461-9330) is provided.</p> <p>Residents, staff and visitors are made aware of third-party reporting on <i>Speak Up</i> and <i>PREA Reporting Options</i> posters found in various locations throughout the facility. Posted information includes the mailing address to CoreCivic's PREA Coordinator and to the TDCJ PREA Ombudsman. They are also given the number to the CoreCivic 24-hour Ethics Line and website access. Residents and staff interviewed were aware of resident reporting options available to them. Residents and staff interviewed were knowledgeable of this method of reporting.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261 (a): Based on agency policy 14-2 CC, page 19, section K-2, staff must take all allegations of sexual abuse and sexual harassment seriously, including verbal, anonymous and third-party reports. All staff are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action. Random staff interviewed knew their reporting responsibilities. The <i>PREA Overview</i> training curriculum addresses staff reporting responsibilities during pre-service and in-service training. All staff carry with them a First Responder Card to remind them of their responsibilities if they receive an allegation of sexual abuse.</p> <p>In review of a PREA-related grievance submitted by a resident on 8/23/24 alleging employee-on-inmate sexual abuse related to a pat search alleged to have occurred on 8/22/24. On 9/4/24, the grievance was returned to the resident with a notation made by the Intake Coordinator/Grievance Coordinator. It was noted that the reason the grievance was returned was "No Documented Attempt at Informal Resolution". The El Paso Multi Use Facility follows TDCJ's grievance process as outlined in polity RRC 2.8, <i>Grievances</i>. According to page 2, section VII-A, the last sentence of that</p>

paragraph states "The Facility Director and the PREA Coordinator shall be notified of all PREA-related grievances, and a PREA investigation shall begin in accordance with RRC 4.5 and the facility's emergency plan." On 8/29/24, the alleged victim called the TDCJ PREA Ombudsman's office and reported his allegation. On that same date the Facility Director received an e-mail from the TDCJ PREA Ombudsman regarding a "serious allegation of a PREA violation". The alleged victim first reported his allegation through submission of his grievance received on 8/23/24. The alleged victim again reported his allegation on 8/29/24 when he called the TDCJ PREA Ombudsman's office. An administrative investigation was not initiated until 9/5/24. The Intake Coordinator/Grievance Coordinator failed to report the allegation upon receipt of the grievance and the Facility Director failed to ensure an administrative investigation was initiated promptly when she received notification from the TDCJ PREA Ombudsman. During the Post-Audit Phase, the Facility Director was contacted by telephone to discuss the details related to this allegation/investigation. She reported that she did not learn of the receipt of the grievance until 9/9/24 when the Intake Coordinator/Grievance Coordinator informed the Operations Supervisor of the grievance, who in turn relayed this information to her. Due to this finding, the facility entered into a corrective action period. The Recommended Corrective Action Plan is as follows:

Recommended Corrective Action Plan:

- Develop a Training Plan for retraining on the requirements of this standard and required procedures, as well as for standards 115.222, 115.252, 115.266 and 115.271 and provide me with the training plan.
- Deliver the training virtually to ADO staff. Provide the names of those who attended the training.
- Require ADO staff to retrain their facility staff sharing the information learned during virtual training.
- Provide Training Rosters of who attended the training.

Corrective Action Taken:

- On 10/30/24 the Director, PREA Programs and Compliance forwarded three completed investigation packets for allegations received during the Post Onsite Audit Phase. The three incidents were alleged to occur on 10/22/24. They were all administratively investigated and determined to be unfounded. In review of the investigative files, required documentation was complete in each of the three investigative files.
- On 11/13/24 the Director, PREA Programs and Compliance forwarded a 4-2A-CC, Training Roster for virtual training held on 11/13/24. Those in attendance included the Facility Director, Assistant Facility Director/PREA Compliance Manager and the Operations Supervisor. She also forwarded a training curriculum which included PRC *Standard in Focus* for standards 115.222, 115.261, 115.266 and 115.271, *Community Facilities - PREA Investigation - Required Documents*, *Community PREA Investigation*

Instructions, New PREA Investigation Training and *5-1G - Incident Investigation Report*.

- Throughout the Post Onsite Audit Phase, upon completion of administrative investigations the Assistant Facility Director/PREA Compliance Manager forwarded completed investigative files to the Director, PREA Programs and Compliance who in turn, forwarded the files to me and uploaded the files into the OAS. This included a total of eight allegations administratively investigated since the onsite audit visit.
- On 11/17/24, the Assistant Facility Director/PREA Compliance Manager sent all El Paso Multi Use Facility staff an e-mail reviewed the requirements of staff reporting of sexual abuse and sexual harassment and procedures required of first responders to an incident of sexual abuse. The memo included attachments for staff review of these topics.
- On 11/19/24 a virtual meeting was held with the Facility Director, Assistant Facility Director/PREA Compliance Manager, Senior Director, Facility Operations and me were in attendance to discuss and review investigations and corrective action taken. There are plans are for ADO staff to conduct an overview of PREA reporting and procedures with frontline staff through town hall meetings.

In review of all investigative files of allegations reported for the past 12 months, all investigations were found to be thoroughly investigated. Required agency forms were completed and found maintained in the respective files. There was communication through telephone and e-mail with the Assistant Facility Director/PREA Compliance Manager and the Director, PREA Programs and Compliance throughout the Post Onsite Audit Phase. It was determined the facility achieved compliance to all provisions of this standard.

115.261 (b): Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff interviewed confirmed this practice.

115.261 (c): The El Paso Multi Use Facility does not employ medical or mental health staff; therefore, this provision of the standard is not applicable to this facility.

115.261 (d): The El Paso Multi Use Facility houses adult male residents, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statue, as verified by interview with the Facility Director. If there is an allegation of a vulnerable adult, facilities are instructed to contact local law enforcement agencies responsible for conducting criminal investigations to be advised of any reporting requirements." In interview with the Facility Director, she stated she would contact the Sheriff's Department to find out about reporting requirements. When interviewed the PREA Coordinator stated, "The PREA Coordinator (Senior Director) and the Director both have access to the mandatory reporting document created by the PREA Resource Center for reference. Because CoreCivic operates in several states and jurisdictions, each facility has to

	<p>be familiar with the state's reporting laws. The state law on mandatory reporting will guide the response in each jurisdiction."</p> <p>115.261 (e): The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the Assistant Facility Director/PREA Compliance Manager and facility Investigators. Interviews with specialized and random staff revealed staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262 (a): Policy 14-2 CC, page 20, section M-1 requires that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. In interview with the Vice President, Core Services (agency head designee), he stated, "When a substantial risk of imminent sexual abuse is reported, it is required that staff take immediate action to protect the person at risk. This usually ensures separating the victim from any aggressor and understanding the concern in detail so appropriate follow-up action can be taken. Both short-term and long-term safety must be considered when evaluating the situation. Asking the resident if they feel safe is a great way to gauge victim perception of the response to their concern."</p> <p>In interview with the Facility Director and on information reporting on the Pre-Audit Questionnaire, in the past 12 months there were no instances where it was necessary for the facility to take immediate action in regard to a resident being at substantial risk of sexual abuse. The Facility Director stated she would separate the parties, talk to the alleged victim and notify TDCJ. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. They knew they are required to report this information to their supervisor.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263 (a): CoreCivic policy 14-2 CC, page 25, section M-16 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director shall notify</p>

	<p>the head of the facility where the sexual abuse was alleged to have occurred, with a copy of the statement of the resident forwarded as part of the notification.</p> <p>115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. On information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there, were no notifications received that a resident was abused while confined to another facility.</p> <p>115.263 (c): The Facility Director is required to document that notification was provided through the 5-1 CC, <i>Incident Reporting Procedures</i>.</p> <p>115.263 (d): The facility head or agency office that receives a notification will ensure that the allegation is investigated in accordance with the PREA standards. In interview with the Vice President, Core Services (agency head designee) he stated, "All referrals should go to the Warden or designee at the facility where the incident occurred. If a referral is made to the PREA Coordinator or me, we will certainly get that notification to the Warden at the facility where it happened. (a): When we receive an allegation of sexual abuse; it is immediately referred to the investigator for investigation. The facility will implement all protocols for first responders and SART members outlined in policy. (b): We have had allegations from outside agencies referred to us to investigate. We have also had to make referrals to other agencies about cases that happened at their facilities. We have received these referrals at facilities, the FSC (Central Office) and the PREA Coordinator has also receive them directly." The Facility Director stated if she received a notification of this nature, she would investigate immediately.</p> <p>In information reported on the Pre-Audit Questionnaire and in interview of the Facility Director, the past 12 months the facility has not received any notifications from other facilities reporting sexual abuse by a former resident of this facility.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.264 (a): CoreCivic policy 14-2 CC, pages 20 & 21, sections M-2-6, outlines the procedures for first responders to allegations of sexual abuse by security and non-security staff. Per policy, upon learning of an allegation of sexual abuse, the first security responder is to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a period of time that allows for the collection of physical evidence, staff shall request the alleged victim to not wash, shower, remove clothing, use the restroom, eat, drink, smoke or brush his/her teeth and notify the highest supervisory authority on-site. Staff will ensure the alleged abuser does not take any actions that could destroy</p>

	<p>physical evidence.</p> <p>115.264 (b): Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. Non-security staff members interviewed knew what to do if they were a first responder to an allegation of sexual abuse.</p> <p>All staff carry with them a <i>First Responder Card</i> that outlines their responsibilities in response to allegations of sexual abuse and sexual harassment. The <i>Sexual Abuse Incident Check Sheet</i> (14-2C CC) is used to ensure all required steps and notifications are made. Security and non-security staff are trained on first responder duties during pre-service and during annual in-service training.</p> <p>Interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported they knew that the alleged victim and abuser must be separated, knew how to preserve the crime scene and any physical evidence and to report to their supervisor immediately.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.265 (a): CoreCivic policy 14-2 CC, pages 19 & 20, section L, outlines the facility's coordinated response to an incident of sexual abuse. The coordinated response plan, in detail, is found in the agency's 14-2 CC policy, section M, pages 20-26. It is the responsibility of the Sexual Abuse Response Team (SART) to ensure coordination of the facility's coordinated response plan. The SART includes the Facility Director, Assistant Facility Director/PCM, Operations Supervisor and the Case Manager Supervisor, with the agency's PREA Coordinator and/or Director, Compliance and Investigation, Senior Director and the Managing Director in attendance via telephone or zoom. In interview, the Facility Director, she confirmed the members of the SART.</p> <p>A <i>Sexual Abuse Incident Check Sheet</i> (14-2C-CC) is completed for all allegations of sexual abuse to ensure that all steps of the coordinated response plan are carried out and required notifications are made. All staff carry with them a <i>First Responder Card</i> to remind them of the steps to take in response to an allegation of sexual abuse. Interviews with members of the SART, revealed they knew their responsibilities in carrying out the coordinated response plan.</p>

115.266	Preservation of ability to protect residents from contact with abusers
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.266 (a): CoreCivic policy 14-2 CC, page 29, section S-2-g & h, was used to verify compliance to this standard. CoreCivic would not enter into any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged employee sexual abusers from contact with residents pending the outcome of an investigation. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment. In interview with the Vice President, Core Services (agency head designee), he stated "CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 12, 2012. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action."

According to information provided by the Facility Director and information provided on the Pre-Audit Questionnaire, since the last PREA audit, the El Paso Multi Use Facility has not entered into or renewed any collective bargaining agreements. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation.

In the case of an allegation alleging employee-on-inmate sexual abuse relating to a pat search, the *Checklist* (14-2C-CC) indicated "N/A" for the question if the alleged identified staff perpetrator was placed on non-resident contact. The Assistant Facility Director/PCM was questioned in review of the investigative file. She reported the Monitor I was assigned to Transportation during the time the allegation was being investigated. I asked for documentation to prove this was the case and she forwarded shift schedules with assignments for the time the Monitor I worked until the investigation was closed on 9/6/24. In review of the review of the shift schedules and the alleged staff perpetrator's work assignments, he was assigned to Transportation three of the seven days he worked and on one of those days he was assigned to Zone 4, which covers the dorm the alleged victim is assigned to. According to discussion with the Assistant Facility Director/PCM, the alleged staff perpetrator did not receive a written order of non-contact with the alleged victim and the "N/A" notation on the *Checklist* was incorrect. due to this finding the facility was found to not meet the requirements of this standard and therefore, entered into a corrective action period. The recommended Corrective Action Plan is as follows:

Recommended Corrective Action Plan:

- Develop a Training Plan for retraining on the requirements of this standard and required procedures, as well as for standards 115.222, 115.252, 115.261 and 115.271 and provide me with the training plan.
- Deliver the training virtually to ADO staff. Provide the names of those who attended the training.
- Require ADO staff to retrain their facility staff sharing the information learned during virtual training.

- Provide Training Rosters of who attended the training.

Corrective Action Taken:

- On 10/30/24 the Director, PREA Programs and Compliance forwarded three completed investigation packets for allegations received during the Post Onsite Audit Phase. The three incidents were alleged to occur on 10/22/24. They were all administratively investigated and determined to be unfounded. In review of the investigative files, required documentation was complete in each of the three investigative files.
- On 11/13/24 the Director, PREA Programs and Compliance forwarded a 4-2A-CC, Training Roster for virtual training held on 11/13/24. Those in attendance included the Facility Director, Assistant Facility Director/PREA Compliance Manager and the Operations Supervisor. She also forwarded a training curriculum which included PRC Standard in Focus for standards 115.222, 115.261, 115.266 and 115.271, *Community Facilities - PREA Investigation - Required Documents, Community PREA Investigation Instructions, New PREA Investigation Training and 5-1G - Incident Investigation Report.*
- Throughout the Post Onsite Audit Phase, upon completion of administrative investigations the Assistant Facility Director/PREA Compliance Manager forwarded completed investigative files to the Director, PREA Programs and Compliance who in turn, forwarded the files to me and uploaded the files into the OAS. This included a total of eight allegations administratively investigated since the onsite audit visit.
- On 11/17/24, the Assistant Facility Director/PREA Compliance Manager sent all El Paso Multi Use Facility staff an e-mail reviewing the requirements of staff reporting of sexual abuse and sexual harassment and procedures required of first responders to an incident of sexual abuse. The memo included attachments for staff review of these topics.
- On 11/19/24 a virtual meeting was held with the Facility Director, Assistant Facility Director/PREA Compliance Manager, Senior Director, Facility Operations and me were in attendance to discuss and review investigations and corrective action taken. There are plans are for ADO staff to conduct an overview of PREA reporting and procedures with frontline staff through town hall meetings.

In review of investigative files of three allegations that involved staff investigated during the Post Onsite Audit Phase, in all cases the alleged staff perpetrator was given a written non-contact order following the report of the allegation. It was determined that the facility achieved compliance to all provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.267 (a): CoreCivic has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined on pages 23 & 24, section M-14 of policy 14-2 CC. The Assistant Facility Director/PCM is responsible for monitoring residents and staff for retaliation. Monitoring is documented on the 14-2D-CC, *PREA Retaliation Monitoring Report*. In review of investigative files, in two cases that have been closed, the investigations were closed prior to 30 days of the alleged incidents occurring. In review of allegations investigated during the Post Onsite Audit Phase, 14-2D-CC forms were required for two of the eight allegations investigated. In the cases reported and investigated, the investigations were completed prior to the 30-day required date to begin retaliation monitoring.

115.267 (b): Multiple protection measures, such as housing changes, or transfers of resident victims or abusers, removal of alleged staff or resident abusers from contact with victims are taken. In interview with the Vice President, Core Services (agency head designee), he stated, "We require retaliation monitoring of both staff and inmates for at least 90 days, but more if warranted. We transfer suspects or alert probation/parole when allegations have been made, which further protects the victim from retaliation." In interview with the Assistant Facility Director/PCM, she explained what protection measures are taken to protect residents and staff from retaliation. For residents she would consider housing changes and for staff she would consider shift changes.

115.267 (c): Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In interview with the Vice President, Core Services (agency head designee), he stated "Our policies and practices prohibit retaliation for any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly." In interview with the Facility Director and the Assistant Facility Director/PCM, they explained the process and time frames of retaliation monitoring and the things they would look for to determine if retaliation may be occurring. If the Assistant Facility Director/PCM detected retaliation was occurring, she would look at change in behavior, disciplinary cases and denied passes for residents and poor attendance, poor performance evaluations, requests for shift changes and change in behavior of staff. The Facility Director reported she would investigate if she suspected retaliation was occurring.

115.267 (d): In addition to monthly monitoring, residents will also have periodic status checks, and any relevant documentation will be reviewed.

115.267 (e): If other individuals who cooperate with an investigation express a fear

	<p>of retaliation, appropriate measures will be taken to protect that individual from retaliation. In interview with the Vice President, Core Services (agency head designee), he stated if an individual who cooperates with an investigation expresses a fear of retaliation, "Find the root of the retaliation and correct it. CoreCivic has a retaliation policy, along with the Code of Ethics that outlines expectations and consequences for retaliation *whether it is related to PREA concerns or not). CoreCivic assists victims with finding the appropriate medical, emotional, and law enforcement support for their concerns when necessary." In interview with the Facility Director, she stated to protect residents and staff from retaliation she would consider for both a transfer to the El Paso Transitional Center.</p> <p>115.267 (f): The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. According to documentation provided on the Pre-Audit Questionnaire and in interview with the Assistant Facility Director/PCM, no incidents of retaliation have occurred in the past 12 months.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.271 (a): The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The facility Investigators are responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the El Paso Multi Use Facility. Information about administrative investigations is outlined in CoreCivic's policy 14-2 CC, pages 27 & 28. section N, and criminal investigations are outlined on pages 27 & 28, section O. According to policy 14-2 C, all allegations of sexual abuse and sexual harassment are reported in the CoreCivic 5-1 CC policy, <i>Incident Reporting</i>. In interview with the facility's Investigators, they knew their responsibilities in the conduct of administrative investigations. On information provided on the Pre-Audit Questionnaire and in interview with the Facility Director/PREA Compliance Manager, in the past 12 months there were two allegations of sexual harassment, and two allegations of sexual abuse reported. All allegations were administratively investigated. When interviewed the Facility Director and the Assistant Facility Director/PCM stated they would start the investigation immediately after a report of an allegation. They would first separate the alleged victim and alleged abuser and make necessary notifications. In review of a PREA-related grievance submitted by a resident on 8/23/24 alleging employee-on-inmate sexual abuse alleged to have occurred on 8/22/24. On 9/4/24, the grievance was returned to the resident with a notation made by the Intake Coordinator/Grievance Coordinator. It was noted that the reason returned was "No Documented Attempt at Informal Resolution". The El Paso Multi Use Facility follows the TDCJ's grievance process as outlined in policy RRC 2.8, <i>Grievances</i>. According to page 2, section VII-A, the last sentence of that paragraph states "The Facility</p>

Director and the PREA Coordinator shall be notified of all PREA-related grievances, and a PREA investigation shall begin in accordance with RRC 4.5 and the facility's emergency plan." On 8/29/24, the alleged victim called the TDCJ PREA Ombudsman's office and reported his allegation. On that same date the Facility Director received an e-mail from the TDCJ PREA Ombudsman regarding a "serious allegation of a PREA violation". The alleged victim first reported his allegation through submission of his grievance received on 8/23/24 and again reported his allegation on 8/29/24 when he called the TDCJ PREA Ombudsman's office. An administrative investigation was not initiated until 9/5/24. Based on this information, the facility was found to not initiate the investigation promptly as required in this provision of this standard. The Recommended Corrective Action Plan was discussed with the Director, PREA Programs and Compliance during the onsite audit visit. She suggested she would be willing to offer retraining on the procedures to follow when allegations of sexual abuse and/or sexual harassment are reported to ensure for all allegations an administrative and/or criminal investigation be completed promptly and in accordance with agency policies and PREA standards. The Director, PREA Programs and Compliance will be responsible for facilitating the following Recommended Corrective Action Plan.

Recommended Corrective Action Plan:

- Develop a Training Plan for retraining on the requirements of this standard, as well as standards 115.222, 115.252, 115.261, and 115.266.
- Forward the Training Plan to me for my review.
- Deliver the training virtually to ADO staff. Provide a Training Roster of those who attended the training.
- Require ADO staff to retrain facility staff sharing the information learned through virtual training.
- Provide Training Rosters of facility staff who attended the training.

Corrective Action Taken:

- On 10/30/24 the Director, PREA Programs and Compliance forwarded three completed investigation packets for allegations received during the Post Onsite Audit Phase. The three incidents were alleged to occur on 10/22/24. They were all administratively investigated and determined to be unfounded. In review of the investigative files, required documentation was complete in each of the three investigative files.
- On 11/13/24 the Director, PREA Programs and Compliance forwarded a 4-2A-CC, Training Roster for virtual training held on 11/13/24. Those in attendance included the Facility Director, Assistant Facility Director/PCM and the Operations Supervisor. She also forwarded a training curriculum which *included PRC Standard in Focus* for standards 115.222, 115.261, 115.266 and 115.271, *Community Facilities - PREA Investigation - Required Documents, Community PREA Investigation Instructions, New PREA Investigation Training* and *5-1G - Incident Investigation Report*.

- Throughout the Post Onsite Audit Phase, upon completion of administrative investigations the Assistant Facility Director/PCM forwarded completed investigative files to the Director, PREA Programs and Compliance who in turn, forwarded the files to me and uploaded the files into the OAS. This included a total of eight allegations administratively investigated since the onsite audit visit.
- On 11/17/24, the Assistant Facility Director/PCM sent all El Paso Multi Use Facility staff an e-mail reviewing the requirements of staff reporting of sexual abuse and sexual harassment and procedures required of first responders to an incident of sexual abuse. The memo included attachments for staff review of these topics.
- On 11/19/24 a virtual meeting was held with the Facility Director, Assistant Facility Director/PCM, Senior Director, Facility Operations and me were in attendance to discuss and review investigations and corrective action taken. There are plans are for ADO staff to conduct an overview of PREA reporting and procedures with frontline staff through town hall meetings.

In review of all documentation provided during the corrective action period, it was determined the facility achieved compliance to all provisions of this standard.

115.271 (b): Documentation provide showed facility Investigators completed *Investigating Sexual Abuse in a Confinement Setting*, a web-based training. The training curriculum and certificates of completion of this training were provided for review. When interviewed, facility Investigators confirmed completing this training and described some of the topics the training covered.

115.271 (c): The Investigators gathers and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of Investigators, they reported they interview the alleged victims, suspected perpetrators and witnesses and named some of the evidence they would collect in their investigations. Facility Investigators mentioned evidence they would be responsible for obtaining would be statements of alleged victims, perpetrators, witnesses and staff, camera footage, shift schedules and daily shift logs.

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

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

115.271 (f): According to CoreCivic policy 14-2-CC, page 27, section N-6, the administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented on the 5-1G-CC, *Incident Investigation Report*. The report includes

investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including explanation as to what determined the conclusion. In review of the three completed administrative investigations completed in the past 12 months, *Incident Investigation Reports (5-1G-CC)* were not completed. The facility did not meet compliance to this provision of this standard and entered into a corrective action period. The Recommended Corrective Action Plan is as follows:

115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. Information on criminal investigations is found on pages 25 & 26, section O of policy 14-2 CC.

115.271 (h): Substantiated allegations shall be referred for prosecution. On information provided on the Pre-Audit Questionnaire, in the past 12 months there were no substantiated allegations of sexual abuse referred for prosecution.

115.271 (i): CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CoreCivic Retention Schedule (1-15 B)*.

115.271 (j): If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If a resident abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues. Investigators when interviewed stated they would continue the investigation if a staff abuser terminated their employment before the conclusion of the investigation and also stated if an alleged victim or an alleged abuser leaves the facility, they would continue the investigation.

115.271 (k): The El Paso Sheriff's Department conducts investigations as required in provisions (a) - (j) of this standard. The facility's attempts to secure an MOU with the El Paso Sheriff's Department are ongoing.

115.271 (l): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview with the PREA Coordinator she stated, "Each facility develops its own relationship with local law enforcement and must follow-up on cases. Where CoreCivic has more than one facility, the partner agency OIG is often consulted about the status of investigations." In interview with facility Investigators, they reported they could contact the detective assigned to the investigation to follow-up on the status of the criminal investigation.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.272 (a): Based on CoreCivic’s policy 14-2 CC, page 27, section N-8, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility Investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency’s policy and the standard requirement.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.273 (a): Policy 14-2 CC, page 30, section R, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. It is the responsibility of the Assistant Facility Director/PCM to present the notice to the victim. In interview with facility Investigators, they confirmed this procedure.</p> <p>115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>115.273 (c): The policy further states that following a resident’s allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The resident will be informed if the staff member is no longer posted within the resident’s unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no staff found in violation of the zero-tolerance policy.</p> <p>115.273 (d): Following a resident’s allegation that another resident sexually abused him/her, the agency shall inform the resident of the outcome of the investigation. The resident is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse.</p> <p>115.273 (e): All notifications or attempted notifications shall be documented on the 14-2E-CC, <i>Resident Allegation Status Notification</i> form. The resident signs the 14-2E-CC and the form is filed in the corresponding investigative file. The facility is providing notices of allegations of sexual abuse and sexual harassment. In the past 12 months, there were three administrative investigations completed: two inmate-</p>

	<p>on-inmate sexual harassment and one staff-on-inmate sexual abuse. In review of the investigative files of those three allegations, the alleged victims were notified of the outcome of the investigations. allegations reported in the past 12 months, there was one 14-2E-CC form prepared but not served due to the alleged victim no longer assigned to the facility prior to the conclusion of the investigation. Two 14-2E-CC forms were served to the alleged victims. In review of investigative files of allegations reported and administratively investigated during the corrective action period, all 14-2E-CC forms were found filed in respective files.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, page 31. section S-2-a-d. New Employees are required to read CoreCivic's <i>Code of Ethics</i> which outlines the standards of conduct employees will be held responsible to adhere to. Employees sign a <i>Code of Ethics Acknowledgement</i> form acknowledging they have read and understand the <i>Code of Ethics</i>.</p> <p>115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.276 (c): Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>From information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months, there were no staff found in violation of the agency's sexual abuse and sexual harassment policy.</p>

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

	<p>115.277 (a): Based on review of policy 14-2 CC, page 31, section S-2-e & f, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal. The facility has four contractors and two volunteers.</p> <p>115.277 (b): Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in appropriate corrective action up to and including restricting contact with residents and removal from the facility. In interview of the Facility Director, if a volunteer or contractor violates the sexual abuse or sexual harassment policies, he or she would not be allowed access to the facility and the Facility Director would notify the El Paso County Sheriff's Department and initiate an investigation.</p> <p>In interview with the Facility Director and documentation provided on the Pre-Audit Questionnaire, in the past 12 months there were no volunteers or contractors found in violation of the agency's sexual abuse/sexual harassment policy.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.278 (a): Per policy 14-2 CC, pages 30 & 31, section S-1, residents will be subject to disciplinary sanctions following an administrative finding that the resident was found guilty of resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no residents found in violation of the agency's zero-tolerance policy.</p> <p>115.278 (b): Sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. Page 12, section 2.7, <i>Disciplinary</i> of the Residential Reentry Center (RRC) Resident Handbook informs residents of the sanctions that will be imposed for these violations. On information in the Pre-Audit Questionnaire and in interview with the Facility Director confirmed the disciplinary policy.</p> <p>115.278 (c): The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. In interview with the Facility Director, she stated a resident's mental disability or mental illness would be considered before sanctions were imposed.</p> <p>115.278 (d): In the case of sexual abuse, the alleged perpetrator is offered mental</p>

	<p>health services. Mental health services are provided by referral to an offsite provider.</p> <p>115.278 (e): A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.</p> <p>115.278 (f): Residents who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.278 (g): Sexual activity between residents is prohibited in all CoreCivic facilities and residents may be disciplined for such activity. Residents are informed that sexual misconduct is a violation against the facility's rules and regulations and are informed of what constitutes sexual misconduct.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.282 (a): All resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services determined by medical and mental health practitioners according to their professional judgement, according to Core Civic policy 14-2 CC, pages 24 & 25, section M-15-a-d.</p> <p>115.282 (b): The El Paso Multi Use Facility does not have medical or mental health practitioners on staff. Security staff first responders are required to take steps to protect the victim. Resident victims are referred to the University Medical Center for emergency medical services and to the for Center Against Sexual and Family Violence for crisis intervention services. Security and non-security staff confirmed their knowledge of the requirements to protect the victim to ensure their safety.</p> <p>115.282 (c): Resident victims of sexual abuse are transferred to the University Medical Center for SANE exams. The facility is attempting to enter into a Memorandum of Understanding (MOU) with The University Medical Center of El Paso to provide forensic examinations to victims of sexual abuse at the El Paso Transitional Center and the El Paso Multi Use Facility. On 9/17/24 the Nursing Seminary Program Manager/SANE was contacted to review the procedures of SANE exams. Resident victims of sexual abuse will be transported to the Emergency Room of the University Medical Center of El Paso. The victim will be seen in the Emergency Room by a physician for medical clearance. SANE nurses are on duty</p>

	<p>24/7 to perform the SANE exams. The SANE nurse will call the Center Against Sexual and Family Violence to request an advocate to accompany the victim through the SANE process. The victim would be given sexually transmitted infections prophylaxis and a prescription for HIV medications. All services will be provided at no cost to the victim. The Nursing Seminary Program Manager/SANE stated the MOU is in their legal department and after review and approval, the MOU will be forwarded to their CEO for his signature. On information reported on the Pre-Audit Questionnaire, in the past 12 months there were no residents in need of emergency medical or mental health services. Since the Pre-Audit Questionnaire was submitted, there was one allegation of inmate-on-inmate sexual abuse reported. The alleged victim was transported to the University Medical Center for a SANE exam and the Center Against Sexual and Family Violence was contacted to provide accompaniment through the forensic exam process.</p> <p>115.282 (d): Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with an investigation arising out of the incident.</p>
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<p>115.283</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.283 (a): Based on CoreCivic’s policy 14-2 CC, page 25, section M-15-e-j, the facility ensures medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse. This treatment includes follow-up services, treatment plans and when necessary, referrals for continued care.</p> <p>115.283 (c): Resident victims of sexual abuse are provided medical and mental health services consistent with the community level of care. Medical and mental health services are provided offsite to community providers.</p> <p>115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The El Paso Multi Use facility is an all-male facility; therefore, this provision of this standard is not applicable to this facility.</p> <p>115.283 (e): Resident victims of sexually abusive vaginal penetration while incarcerated are offered referral for pregnancy tests. If pregnancy results, victims will receive timely access to lawful pregnancy-related medical services. The El Paso Multi Use facility is an all-male facility; therefore, this provision of this standard is not applicable to this facility.</p> <p>115.283 (f): Resident victims of sexual abuse are offered tests for sexually</p>

	<p>transmitted infections as medically appropriate, as confirmed with interview with the Nursing Seminary Manager/SANE of the University Medical Center of El Paso.</p> <p>115.283 (g): Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident.</p> <p>115.283 (h): According to CoreCivic's policy 14-2 CC, page 11, section 15-h, all known resident-on-resident abusers shall have a documented referral for a mental health evaluation within 60 days of learning of abuse history. Resident-on-resident abusers would be referred to the Emergency Health Network for a mental health evaluation, to be seen within 60 days.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.286 (a): Based on policy 14-2 CC, page 29, section P, the Assistant Facility Director/PCM will ensure a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The <i>Sexual Abuse or Assault Incident Review Report</i> (14-2F CC) is completed for this review. On information reported on the Pre-Audit Questionnaire, in the past 12 months there were no allegations of sexual abuse reported. Since the onsite audit visit, there were five allegations of sexual abuse reported, and administrative investigations were completed. One allegation was determined to be unsubstantiated, and one allegation of resident-on-resident sexual abuse was administratively investigated and determined to be substantiated and 14-2F CC forms were filed in the respective investigative files. The remaining allegations of sexual abuse were determined to be unfounded, but one incident review was conducted on the completion of the most recent investigations.</p> <p>115.286 (b): The review shall occur within 30 days of the conclusion of the investigation. In review of investigative files all incident reviews were conducted within 30 days of the conclusion of the investigations.</p> <p>115.286 (c): It is the responsibility of the SART to conduct these reviews. Documentation provided by the facility showed the members of the SART include the Facility Director, Assistant Facility Director/PCM, Operations Supervisor and the Case Manager Supervisor, with the PREA Coordinator and/or the Director, PREA Compliance and Investigation, Senior Director or Managing Director sometimes in attendance via telephone or zoom. In interview with the Facility Director, she confirmed the members of the SART who are responsible for conducting incident reviews.</p> <p>115.286 (d): When reviewing an incident, the SART considers the requirements of</p>

	<p>115.286 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identity, sexual orientation or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement are documented and submitted to the PREA Coordinator. In interview with the PREA Coordinator she stated, "We conduct an incident review on each substantiated allegation of sexual abuse. Form 14-2F is the Incident Review Form and training about how to conduct the incident review is conducted with the PREA Compliance Managers. All provisions of the standard are covered on the 14-2F form that is used. Each 14-2F form is provided for review as part of the investigative case file."</p> <p>When the PREA Coordinator was asked if these reports are forwarded to her for her review she responded, "Yes. All investigation packets are sent to the FSC for Director and Senior Director review. This review includes an initial phone call with the facility and leadership, plus a review of all documentation in the investigative file at the close of the case. The incident review form is part of that documentation. When a trend is noticed, it is addressed appropriately, either through a phone call, training, site visit or other measures. After incident reports or completed investigations are submitted, the Director, PREA Compliance must review and summarize any substantiated cases for the Senior Director, Managing Director, and Vice President of Core Services. Any significant incidents are discussed with executive leadership by the Senior Director during monthly meetings. After the annual PREA report is finished, it is published to the public company website and distributed internally, including to the Board of Directors for review." In interview of the SART members, they knew their responsibilities in conducting incident reviews.</p> <p>115.286 (e): The facility will implement the recommendations for improvement or will document reasons for not doing so.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.287 (a): Information on data collection is found on page 32, sections T-1-3, of CoreCivic's policy 14-2 CC. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The facility ensures incidents of sexual abuse are entered into the 5-1 CC reporting system as required in CoreCivic policy 5-1 CC, <i>Incident Reporting</i>.</p> <p>115.287 (b): At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data.</p> <p>115.287 (c): The data collected, will be at a minimum, the data necessary to</p>

	<p>answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ).</p> <p>115.287 (d): The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the Prison Rape Elimination Act (PREA) Reporting (5-1E) form. According to CoreCivic's policy 14-2 CC, page 31, section T-11, aggregated PREA sexual abuse data is retained for 10 years and PREA investigation files and written reports for 5 years after the resident is released or post-employment of alleged abusers according to the <i>CoreCivic Retention Schedule</i> (1-15B).</p> <p>115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.</p> <p>115.287 (f): Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. According to information reported on the Pre-Audit Questionnaire, DOJ requested data from the previous calendar year.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.288 (a): Based on policy 14-2 CC, page 32, section T-4-6 & 8, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the Vice President, Core Services (agency head designee) stated, "Please review our annual PREA reports. There you will see that every year CoreCivic examines year-over-year trends related to PREA reporting. We examine category, demographics of those involved and substantiation rates to study trends and indicators of strengths or weaknesses in the program. Outside of metrics related to reports, we also aggregate corrective action data internally to identify trends in compliance efforts and auditor feedback." In interview of the PREA Coordinator she stated, "Every year CoreCivic compiles an annual report where all data is aggregated and analyzed. Throughout the year, aggregate data trends identified are discussed with leadership, including the Facility Director. All data (investigative reports) are held in a secure share drive folder that only FSC level PREA Director and Senior Director, Community VP, Managing Directors, Senior Directors and Legal has access to. Any time a concern is identified, it is addressed with the Facility Director and their Operations chain of command to resolve. There</p>

	<p>is also a quarterly, semi-annual and yearly metrics summary distributed to the Facility Directors and above. The annual reports provide three years of agency annual reports in every PAQ for the auditor to review."</p> <p>115.288 (b): The annual report includes a comparison of the current year's data and corrective actions with those from the previous years and provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.288 (c): The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is made public on CoreCivic's website and can be accessed at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea. Annual reports from 2013 - 2023 were found published on the agency's website.</p> <p>115.288 (d): In interview with the PREA Coordinator, she stated, "Nothing is redacted except for protected personal information of victims and suspects involved in allegations."</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.289 (a): According to policy 14-2 CC, page 30, section T-7, 8,11, the agency ensures that the data collected is securely retained. In interview with the PREA Coordinator she stated, "Every year CoreCivic compiles an annual report where all data is aggregated and analyzed. Throughout the year, aggregate data and any trends identified are discussed with leadership, including the Facility Director. All data (investigative reports) are held in a secure share drive folder that only FSC level PREA Director and Senior Director, Community VP, Managing Directors, Senior Directors and Legal has access to. Any time a concern is identified, it is addressed with the Facility Director and their Operations chain of command to resolve. There is also a quarterly, semi-annual, and yearly metrics summary distributed to the Facility Directors and above."</p> <p>115.289 (b): The annual report is approved by the agency's Chief of Corrections. CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea.</p> <p>115.289 (c): Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.</p> <p>115.289 (d): According to the <i>CoreCivic Retention Schedule (1-15-B)</i>, the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview with the PREA Coordinator.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 1481 580">115.401 (a): Based on policy 14-2 CC, page 30, section U, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency’s policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that a DOJ Certified PREA Auditor conducts the external audit.</p> <p data-bbox="280 620 1430 779">115.401 (b): According to the agency’s PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The last PREA audit of this facility was conducted in 2021.</p> <p data-bbox="280 819 1410 893">115.401 (f): I received and reviewed all relevant agency-wide policies for the El Paso Multi Use Facility.</p> <p data-bbox="280 934 1433 1008">115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.</p> <p data-bbox="280 1048 1370 1081">115.401 (h): During the audit, I was allowed access to all areas of the facility.</p> <p data-bbox="280 1122 1334 1196">115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.</p> <p data-bbox="280 1236 1439 1350">115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.</p> <p data-bbox="280 1391 1324 1464">115.401 (k): I interviewed a representative sample of residents and staff, supervisors and administrators.</p> <p data-bbox="280 1505 1295 1538">115.401 (l): I reviewed camera monitors and electronically stored data.</p> <p data-bbox="280 1579 1469 1653">115.401 (m): I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation.</p> <p data-bbox="280 1693 1481 1852">115.401 (n): Residents, staff, contractors and volunteers were notified on 8/16/24 through posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive any correspondence from residents, staff, contractors or volunteers.</p> <p data-bbox="280 1892 1477 2087">115.401 (o): CoreCivic has a Memorandum of Understanding (MOU) with the Center Against Sexual & Family Violence (CASFV) to provide emotional support services related to sexual abuse to the residents of the El Paso Multi Use Facility and the El Paso Transitional Center. On 9/10/24 the Director of Sexual Assault Services was contacted to confirm and review the terms of the MOU. CASFV provides a 24/7</p>

support hotline that is answered by both paid and volunteer advocates. Advocates initially receive 40-hours of training by CASFV which must be completed within the first six months of beginning their advocacy services. Calls to the hotline are confident and are not monitored or recorded. At the start of any services provided, the resident would be required to sign a consent form. If a caller reports an allegation of sexual abuse, the advocate will inform the caller they could give verbal consent for the advocate to report the allegation to law enforcement or to the facility. Alleged victims of sexual abuse are offered SANE exams at a local hospital and are offered an advocate to accompany them through the SANE exam process. Other services offered is accompaniment during investigatory interviews and court proceeding's related to the sexual abuse, support groups and therapy, either onsite or by referrals to community providers. All services provided by CASFV are at no cost to the alleged victim. If any cost was incurred, the cost would be covered by Crime Victim Compensation.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (a): Based on policy 14.2 CC, page 30, section U-4, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the Auditor's Certification section of this report that no conflict of interest exists with my ability to conduct this audit.</p> <p>115.403 (b): Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's <i>Sexual Abuse Prevention, Response</i> policy (14-2 CC), the policy was found to be well written and comprehensive complying with the PREA National Standards.</p> <p>115.403 (c): For each standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. The facility was found to exceed in the requirements of standards 115.211, 115.231 and 115.233. The facility was initially found to not meet compliance to standards 115.217, 115.222, 115.252, 115.261, 115.266 and 115.271 and entered into a corrective action period. Corrective action for all standards were completed by 11/19/24. In review of all documentation provided throughout the corrective action period, it was determined that the facility achieved compliance to all standards.</p>

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

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

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

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

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

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

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

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

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

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

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

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

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

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

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

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

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

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

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes