

PREA Facility Audit Report: Final

Name of Facility: La Palma Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/29/2025

Date Final Report Submitted: 04/08/2026

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: Kenneth E. Arnold	Date of Signature: 04/08/2026

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	11/11/2025
End Date of On-Site Audit:	11/13/2025

FACILITY INFORMATION	
Facility name:	La Palma Correctional Center
Facility physical address:	5501 North La Palma Road , Eloy , Arizona - 85131
Facility mailing address:	

Primary Contact

Name:	Kristopher Kline
Email Address:	Kristopher.Kline@Corecivic.com
Telephone Number:	520-464-3201

Warden/Jail Administrator/Sheriff/Director	
Name:	Kristopher Kline
Email Address:	kristopher.kline@corecivic.com
Telephone Number:	520-464-3201

Facility PREA Compliance Manager	
Name:	Sean Meiner
Email Address:	sean.meiner@corecivic.com
Telephone Number:	5208401887

Facility Health Service Administrator On-site	
Name:	Michael Borge
Email Address:	michael.borge@corecivic.com
Telephone Number:	520-464-3375

Facility Characteristics	
Designed facility capacity:	3240
Current population of facility:	2341
Average daily population for the past 12 months:	2367
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	18-70 and over
Facility security levels/inmate custody levels:	Medium and Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	505
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	28
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	17

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:	Jillian Shane	Email Address:	jillian.shane@corecivic.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.31 - Employee training

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-11-11
2. End date of the onsite portion of the audit:	2025-11-13

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3240
15. Average daily population for the past 12 months:	2367
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2474
25. 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:	1
26. 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:	101
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. 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:	1
29. 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:	1
30. 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:	3

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>15</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>4</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>106</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>None</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>502</p>
<p>37. 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:</p>	<p>17</p>

38. 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:	28
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Inmate interviewees were selected from each housing unit.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

44. 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):	None
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	21
<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>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. 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:	3
49. 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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the facility tour, the auditor did not observe any evidence of blind inmates housed at LPCC. For example, walking guides or sticks were not observed. Additionally, the auditor did not encounter any blind inmates during the course of the interview process.</p>
<p>50. 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>51. 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>1</p>
<p>52. 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>3</p>
<p>53. 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>7</p>

<p>54. 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>3</p>
<p>55. 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>4</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>According to the Warden and PCM, inmates are not placed in segregated housing for risk of sexual victimization. Additionally, the auditor's random review of 12 investigations supports this fact. The auditor's random review of CARs in segregated housing also supports the same.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>None</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	NA
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16

<p>63. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>Given the large size of the agency, the CCPC and Agency Head developed written interviews for each. The auditor's review of the same appears to reflect generic responses to the questionnaire.</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the PREA Coordinator:</p>	<p>Given the large size of the agency, the CCPC and Agency Head developed written interviews for each. The auditor's review of the same appears to reflect generic responses to the questionnaire.</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	None

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.

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

<p>76. 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>None</p>
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Documentation Sampling

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

<p>77. 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 <input type="radio"/> No</p>
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<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>HR Files- 16 Staff training- 17 Inmate Files- 17 Investigations- 12</p>
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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.

79. 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	10	2	10	X
Staff-on-inmate sexual abuse	5	0	5	X
Total	15	2	15	X

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The same was not provided by facility staff however, as articulated throughout this report, the facility investigator maintains close contact with ADCRR investigators. Accordingly, many decisions are made congruent with that cooperation.

80. 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	3	1	3	1
Staff-on-inmate sexual harassment	5	1	5	1
Total	8	1	8	2

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.

81. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	0	0
Staff-on-inmate sexual abuse	0	5	0	0
Total	0	8	0	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.

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

8

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>7</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. 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>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. 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>92. 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>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>96. 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>97. 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	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	None
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

103. 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

108. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11(a)</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, is included in this policy.</p> <p>The zero tolerance policy is clearly articulated in CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 3, section A(1). Pages 1-28 of the same policy address all facets of the PREA program at La Palma Correctional Center (LPCC).</p>

The auditor's review of one (dated in 2025) PREA Zero Tolerance Policy Acknowledgment form, signed and dated by a staff member, reveals substantial compliance with 115.11(a). The document is signed and dated by the employee, signifying understanding of the above policy.

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

115.11(b)

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the CC Organizational Chart, the agency-wide CCPC (Senior Director of PREA Compliance and Programs) is a full-time position and she reports to the Vice President of Core Services (VPCS). The appointment of the previous CCPC is validated in a memorandum dated May 31, 2024. The VPCS reports to the Executive Vice President/Chief Operating Officer (COO) who is a member of the CC executive staff.

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

Pursuant to interview with the CCPC, the auditor learned that she does feel she has sufficient time to manage all of her PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), averaging 60 PCMs at any time.

As senior director, she oversees the director (Director) (vacant at this time) who facilitates reviews of all PREA investigations and training. The CCPC handles audits and compliance matters, inclusive of policy development and updates.

The CCPC and Director (when encumbered) facilitate quarterly Skype sessions with facility PCMs and travel to facilities for audits and training sessions, inclusive of investigative training. The CCPC and Director are in contact with PCMs on a daily basis relative to investigations and audit issues. Additionally, Teams, telephone, and email are utilized for communication if the Senior Director or Director are not onsite.

The CCPC's primary focus is audit preparation and follow-up regarding corrective action plans. Specifically, she reviews each PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. She is able to provide technical on-site assistance and training protocols to correct practices that may have developed due to a misunderstanding of PREA standards. Additionally, contracted PREA auditors are available to assist with training endeavors at facilities.

In her position, she is able to involve CC managing directors (MDs) and vice presidents (VPs) to address concerns requiring their intervention. Additionally, the CCPC coordinates all corrective action following each PREA audit.

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

and requirements.

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

115.11(c)

Pursuant to the PAQ, the Warden self reports there is a designated PREA Compliance Manager (PCM) at LPCC. The program manager (PM) fulfills this role and he reports to the assistant warden operations (AWO) who reports directly to the Warden. This appointment is scripted in a memorandum dated August 21, 2025. As a member of the facility executive staff, the auditor finds this chain of command commensurate with standard expectations.

According to the Warden, the PCM does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. According to the LPCC Organizational Chart, the Program Manager/PCM reports directly to the Assistant Warden Operations (AWO) and he/she reports directly to the Warden. The auditor finds this PREA chain of command sufficient to accomplish all PREA requirements and needs as the PCM has nearly direct access to the Warden as a member of the executive staff.

The LPCC PCM asserts he does have sufficient time to devote to his PREA duties. He makes routine management by wandering around (MBWA) tours throughout the facility and during these tours, he is accessible to both staff and inmates. He evaluates and monitors blind spots throughout the facility, camera placements, poster accessibility and positioning, monitors staff and inmate PREA training, assesses closed circuit television (CCTV) PREA video efficiency and operational status, reviews the LPCC Inmate Handbook on an annual basis, quizzes staff regarding PREA issues, and monitors physical plant issues that may impact inmate sexual safety, at a minimum. Many of his PREA-related responsibilities are addressed during MBWA rounds. This hands-on approach with "all things PREA" provides continuity throughout the facility.

In view of the above, the auditor finds LPCC substantially compliant with 115.11(c).

Accordingly, the auditor finds LPCC substantially compliant with 115.11.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.12(a and b)</p> <p>Pursuant to the PAQ, LPCC is a private facility, under contract with the Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) to house those inmates designated to its care, custody, and control. CC, the parent company, contracts with ADCRR, housing inmates from that jurisdiction. None of the inmates designated to LPCC are housed at other non-CC facilities, unless there is a need to place them in an ADCRR facility, working with ADCRR monitors to facilitate the same.</p> <p>The auditor finds no deviations from the requirements of 115.12 and accordingly, LPCC is substantially compliant with 115.12.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.13(a)</p> <p>Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of inmates is 2367. The staffing plan is predicated upon an average daily number of 2700 inmates.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 7, section D(4)(a)(i-xi) addresses 115.13(a).</p> <p>The auditor's review of the March 13, 2023, April 25, 2024, and February 27, 2025 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the Annual PREA Staffing Plan Assessments and the same are reviewed and approved by the LPCC PCM, Warden, and CCPC. The auditor finds the Annual Staffing Plans and Assessments to be compliant with 115.13(a).</p> <p>The Warden asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect inmates against sexual abuse are considered in the plan. The marriage between staffing and video surveillance is sufficient to facilitate inmate sexual safety.</p> <p>During the facility tour, the auditor noted that during the first 12-hour shift, one senior correctional officer (SCO) and two or three correctional officers (COs) generally</p>

supervise the three pods in the eight units that are currently used. Of note, a restricted housing unit (RHU) is included in each unit. Case managers (CO3s), and unit managers (UMs) augment supervision pursuant to random rounds throughout the pods. Irregular security rounds, unannounced rounds, and eight counts plus one standing count/day constitute supervision.

Each of these pods is well supervised by video monitoring (cameras) as two cameras are strategically placed in each. At least one CO is assigned to the central control center and one CO mans the pod control centers.

Cameras are located and positioned in all housing areas, hallways, medical, food service, the warehouse, the laundry, RHU recreation cages, and the big recreation yard. The auditor's review of camera monitors and physical observation reveals that showers in each pod are adequately shielded by shower curtains and not exposed to camera views as long as inmates close the same. Additionally, the auditor toured the top tiers in a few units to assess exposure and he found zero instances of genitalia exposure when inmates properly closed shower curtains. Shower curtains were present in each pod and inmates did not articulate any concerns with shower curtain availability. When viewing camera angles, the auditor likewise did not find any evidence of observation of inmate genitalia.

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, the staffing plan is available to the Warden, Quality Assurance Manager (QAM,) human resources manager (HRM), executive staff, administrative duty officers (ADOs), and the master Scheduler (MS) via a privileges accessible system. The Warden and ADOs have hard copies of the PREA staffing plan. The COS facilitates daily live monitoring of the plan.

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

- a. Considerations regarding generally accepted detention and correctional principles are generally guided by American Correctional Association (ACA) standards and center on an analysis of the areas to which inmates have access, blind spots, whether camera/mirror surveillance is adequate, areas of detainee concentration, line of sight considerations, and sexual abuse/harassment incident locations. The staffing plan is largely determined by the individual contract and CC requirements however, additional staffing can be requested through corporate to address inmate sexual safety, as well as, general safety concerns. In addition to ACA Best Practices, CC and ADCRR annual audits also provide "Best Practices" snapshots. CC leadership is very much in tune with "Correctional Best Practices" and views audits/monitoring visits as opportunities to "enhance all things PREA."
- b. Zero judicial findings of inadequacy during this audit period;
- c. Zero findings of inadequacy from federal investigative agencies during this audit period;
- d. Zero findings of inadequacy from internal or external oversight bodies during this audit period;
- e. Housing pod and unit camera placements are addressed above. Three hundred

twelve cameras are monitored at LPCC. Blind spots and line of sight are addressed during MBWA rounds by executive staff, ADO staff, and routine rounds facilitated by supervisors and line staff. Egress and exit areas are closely monitored, inclusive of sally ports. Of note, there are few, if any, blind spots. Cameras are located in Maintenance Shops and staff are always present with the few inmates who may be in the shops at any given time.;

f. Ethnically, the predominant race is Black with Hispanics and Caucasians following. Native Americans and Asians are small in number. Generally, validated gang members are housed in the Close Custody compound units. Some gang associates are sprinkled throughout the remainder of the facility. Although management concerns are minimal based on gang influence, staff are trained to communicate with management regarding gang member groupings, activities, and PREA concerns. The LGBTI population is minimal and is not a significant concern. Neither age disparity nor exploitation of inmate physical disabilities have been an issue at LPCC.

g. Sufficient supervisory staff are available throughout the facility. A Chief of Security, captains, lieutenants, and sergeants comprise the security supervision complement. The sergeant and above positions are considered supervisory staff and accordingly, sufficient supervisory presence and benefits are realized. A sergeant oversees the three RHUs and a minimum of one sergeant is assigned to each of the three compounds. Lieutenants and Captains facilitate a more generalized role as the second layer of supervision. Supervision is strategically placed throughout the facility to address potential "hot spots", as well as, facilitation of sexual safety rounds. Daily supervisory tours of the facility across all shifts facilitates knowledge of and interaction with both staff and inmates. Sergeants are the operational cornerstone as they primarily facilitate their responsibilities in areas of concentration and with line staff.

CO3s and unit managers, working 1:00PM to 9:00PM, augment security supervision as needed.

h. The majority of programming is facilitated on the first shift in view of staffing accessibility. The security threat group coordinator (STG) closely monitors programming in terms of numbers and other key indicators. If additional staffing is required for a special event, the area in which the event is being conducted may be saturated with staff. If an increase in inmate presence is noted during programming, staffing is adjusted to compensate.

i. The facility is subject to CC policies and ADCRR policies, as well as, State of Arizona statutes and case law.

j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plan/any corresponding requests for increased staffing/or electronic surveillance modification(s). Of note, only 22 sexual abuse/harassment investigations were facilitated at LPCC during the last 12 months.

k. LPCC is ACA accredited.

In regard to daily checks for compliance with the staffing plan, the COS and captains conduct a daily staffing roster review with the master scheduler (MS), taking into consideration the PREA Staffing Plan and reporting any variances to the Warden.

Captains, lieutenants, and sergeants update the daily roster, ensuring that changes are accurately noted on the same. Subsequently, during daily MBWA rounds, executive staff and ADO staff randomly compare actual staffing vs. the roster snapshot. In the event of variances, staff may be held over until replacement staff arrive. On occasion, ADO staff may run the shift while the captain redistributes staff to cover vacant post(s).

The Warden asserts that zero deviations from the PREA Staffing Plan occurred during the last 12 months. If a deviation had occurred, the same would be reported, in writing, to the CCPC and Managing Director (MD), with a justification for the vacancy and how the same was addressed. Roster vacancies may be filled with overtime or roster adjustments. ADO staff may also fill any vacancy temporarily pending arrival of another CO.

The auditor notes that the PCM provided essentially the same responses in terms of the above. Accordingly, the Warden's interview synopsis is also applicable to the PCM.

As previously mentioned, the auditor's observations of staffing and video surveillance validate the above statements. Staff presence in the units was acceptable and cameras are vigorously monitored. Camera placements are abundant and placements are strategic. The presence of supervisory staff throughout the facility was impressive. Finally, line of sight is linear in some pods, while other pods provide semi-circular observation.

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

115.13(b)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 7, section D(4)(d and e) addresses 115.13(b). This policy requires that the COS review both the LPCC Staffing Plan and daily staffing roster to determine staffing strength and compliance with the PREA Staffing Plan. If a mandatory post is vacated for some reason, the COS will report the same to the PCM and he will issue a 5-1B report explaining the vacancy and measures taken to address the same.

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

The auditor's observation of staffing during the facility tour and during non-regular

business hours reveals substantial compliance with 115.13(b).

In view of the above, the auditor finds LPCC substantially compliant with 115.13(b).

115.13(c)

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

Whether adjustments are needed to the staffing plan;

The deployment of monitoring technology; and

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 7, section D(4)(b) and (c)(i-iii) and addresses 115.13(c).

The auditor's review of the March 13, 2023, April 25, 2024 and February 27, 2025 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(c).

The CCPC asserts she is consulted minimally, on an annual basis, or whenever any assessments of, or adjustments to, the staffing plan are required at LPCC. The same is accomplished on an annual basis and whenever changes are made to the PREA Staffing Plan. Specifically, she is a reviewer and co-signer for the LPCC Annual Staffing Plan pursuant to policy.

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

115.13(d)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 6, section D(1) and (2) addresses 115.13(d).

The auditor's PAQ review of 7 pages of 2025 Correctional Services Logs reveals LPCC Supervisory Unannounced PREA Rounds log entries were completed on all shifts on different dates. Additionally, the auditor's onsite random review of Correctional Service Logs on Compounds 1 and 2 reveals the same.

The intermediate or higher facility level staff interviewee states he facilitates unannounced sexual safety rounds during every shift wherein he is assigned general

	<p>population responsibilities. He documents unannounced rounds in red ink in a handwritten journal.</p> <p>During unannounced sexual safety rounds, he walks every tier, checking the sexual safety of every detainee. He may enter the pod through a fire escape. He has not had to admonish staff to refrain from announcing rounding. He does periodically discuss, during shift briefings, the requirement that staff refrain from announcing his rounds</p> <p>The interviewee states he varies times for the conduct of sexual safety rounds for every 12-hour shift, varies his path for the conduct of rounds as he may facilitate half of the rounds at one time and half at another time, and he may double back. No patterns are established. He also makes rounds in unoccupied areas.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.13(d).</p> <p>Accordingly, the auditor finds LPCC substantially compliant with 115.13.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.14(a-c)</p> <p>Pursuant to the PAQ, the Warden asserts the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The Warden further self reports youthful inmates are not housed at LPCC and that in the last 12 months, zero youthful inmates were housed at LPCC.</p> <p>During the facility tour and subsequent rounds throughout the facility, the auditor did not observe any youthful inmate(s).</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.14.</p>

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 400 374">115.15(a)</p> <p data-bbox="256 416 1477 651">Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of inmates are not conducted at LPCC. However, the existence of exigent circumstances dictates whether the same can be conducted pursuant to governing policy. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of inmates were facilitated at LPCC during the last 12 months.</p> <p data-bbox="256 694 1465 808">CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 13, section (J)(3) reveals substantial compliance with 115.15(a).</p> <p data-bbox="256 851 1477 1133">According to the non-medical staff involved in cross-gender strip or visual searches of inmates interviewee, female staff do not generally conduct cross-gender strip or visual searches of inmates at LPCC. However, when questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated that when a transgender female requests strip and/or pat searches by a female staff member, the same may be a basis for a cross-gender strip or visual search.</p> <p data-bbox="256 1176 1477 1245">Strip searches are generally conducted in the intake area. The auditor's review of the same reveals no conditions warranting alarm in terms of privacy.</p> <p data-bbox="256 1288 1477 1357">Pursuant to the auditor's review of PAQ information and random on-site conversations with staff and inmates, the auditor did not discover any violation(s) of 115.15(a).</p> <p data-bbox="256 1400 1437 1433">In view of the above, the auditor finds LPCC substantially compliant with 115.15(a).</p> <p data-bbox="256 1543 400 1576">115.15(b)</p> <p data-bbox="256 1619 1477 1812">Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The Warden further self reports that zero pat-down searches of female inmates were conducted by male staff at LPCC during the last 12 months as female inmates are not housed at LPCC.</p> <p data-bbox="256 1854 1406 1924">Pursuant to the auditor's review of the CC website and on-site observations, only male ADCRR inmates are housed at LPCC.</p> <p data-bbox="256 1966 1278 2000">In view of the above, the auditor finds 115.15(b) not applicable to LPCC.</p>

115.15(c)

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. Additionally, policy requires documentation of cross-gender pat searches of female inmates. Again, female inmates are not housed at LPCC.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 13, section J(5) addresses 115.15(c).

The auditor notes that all strip searches are logged in the LPCC Cross-Gender Strip Search Log and on a Form 5-1B. He finds no violation of 115.15(c) requirements pursuant to random review of the aforementioned logs.

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

115.15(d)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 13, sections J(6) and (7) address 115.15(d).

During the facility tour, the auditor reviewed facility cameras and at the time of the tour, some female staff were assigned to the area(s) where the monitors are maintained. The auditor's review of camera angles validated the premise that cameras do not capture shower areas, as well as, inmate cells. Inmates can change clothing in the shower areas to ensure privacy.

Showers in the general population pods are comprised of a half wall adorned with a shower curtain at the entrance to the shower area and individual shower curtains separating each of the three shower heads. A segregation block is located in each of the three compounds and security steel doors provide both security and privacy in those single shower areas. The auditor notes that he did observe the shower area from the top tier and found no instances wherein genital areas were exposed. If the inmate occupant(s) fail to close the curtains, exposure would obviously occur.

During the facility tour, the auditor did note there was no shower curtain in the inmate shower area in Main Medical. A solid steel prison door controls access to the shower area with a narrow window inserted in the door. When the auditor brought the matter to the attention of the PCM and CCPC, they initiated corrective action upon approval from the auditor. The window was subsequently painted (frosted) roughly

half way to inhibit female staff visibility in terms of observation of genitalia, etc.

The corrective action does serve to meet the intent of the provision, maintaining staff's ability to ensure inmate safety. The auditor did observe the corrective action and he is satisfied with the results.

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

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

Twenty-two of 42 inmate interviewees state that female staff announce their presence when entering opposite gender housing pods. Of note, one of the interviewees was deaf and he advised, in writing, that he could not hear female staff announce their gender. In regard to query as to whether inmates are ever naked or in full view of opposite gender staff while toileting, showering, or changing clothing, forty-one of 42 inmate interviewees state they are not subject to the same.

The auditor notes that staff are clearly educated regarding the requirement for female staff to announce their presence upon entry into a pod. The auditor also notes that he did question inmate interviewees regarding their frequency of location in their cells throughout the day. Some inmates did acknowledge they stayed in their cells frequently and may not always hear such announcements. The auditor did note that pod noise was average in comparison to facilities similarly situated.

All 12 random staff interviewees state that female staff announce their presence when entering a dormitory wherein opposite gender inmates are housed.

Furthermore, all 12 random staff interviewees state inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

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

115.15(e)

Pursuant to the Principal Deputy Director's (Bureau of Justice Assistance) memorandum dated December 2, 2025 regarding the National PREA Standards alignment with Executive Order (EO) 14168, both federal and non-federal correctional facilities shall not be held to subsections of the PREA standards that may conflict with EO 14168. Accordingly, PREA auditors are instructed to immediately pause from making compliance determinations regarding the following standards:

115.15(e) and (f);

115.31(a)(9);

115.41(d)(7);

	<p>115.42 (c through g); and</p> <p>115.86(d)(2).</p> <p>Accordingly, neither a compliance nor non-compliance finding is rendered for 115.15(e).</p> <p>115.15(f)</p> <p>Pursuant to the Principal Deputy Director's (Bureau of Justice Assistance) memorandum dated December 2, 2025 regarding the National PREA Standards alignment with Executive Order (EO) 14168, both federal and non-federal correctional facilities shall not be held to subsections of the PREA standards that may conflict with EO 14168. Accordingly, PREA auditors are instructed to immediately pause from making compliance determinations regarding the following standards:</p> <p>115.15(e) and (f);</p> <p>115.31(a)(9);</p> <p>115.411(d)(7);</p> <p>115.42 (c through g); and</p> <p>115.86(d)(2).</p> <p>Accordingly, neither a compliance nor non-compliance finding is rendered for 115.15(f).</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.15.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.16(a)

Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled inmates 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.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 11, section H(7)(a) and (b) addresses 115.16(a).

Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf inmates so they can converse with other individuals similarly situated or non-deaf individuals. The auditor notes that the CC PREA trifold pamphlet and the LPCC Inmate Handbook are presented in both English and Spanish. Finally, one bilingual staff (primarily Spanish as second language) provides translation services at LPCC.

The auditor's review of VOYCE instructional documentation reveals a procedure is in place to provide interpretative services for non-English speaking, blind inmates, or deaf inmates. Generally, solicitation of interpretational assistance through VOYCE is facilitated on staff telephones, cell phones, or via desktop.

According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, VOYCE, Inc. is used, when necessary, to communicate with limited English proficient (LEP) inmates. VOYCE has also been used to translate inmate handbooks into Spanish. VOYCE is available via website, video chat, telephone call, etc.

If an inmate has other disabilities, staff are trained to convey all information to them, however appropriate (e.g. reading a document or helping someone find information, etc.).

Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those inmates who are blind.

The following inmates with disabilities or limited English proficiency (LEP) types stated the facility provides information about sexual abuse and sexual harassment they are able to understand (one deaf inmate, one physically disabled inmates, three mental health/cognitively impaired inmates, and one LEP inmate). Educational posters were noted to be posted in areas easily accessible to and observable by the inmate population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the inmate population.

The auditor notes that a staff interpreter translated for the LEP interviewee and the deaf inmate read each question from both the inmate questionnaire and the inmate(s) with disabilities questionnaire. The interviewee and the auditor subsequently communicated in writing. Of particular note, the deaf interviewee stated that he received PREA information pursuant to a sign language interpreter on the video phone.

The intake staff interviewee states he provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, he issues the CC PREVENT. DETECT. RESPOND. pamphlet and the LPCC Inmate Handbook (presented in English and Spanish) to all incoming inmates.

If the inmate is non-English speaking, VOYCE is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired inmates. He reads materials to blind inmates or he can access sign language services pursuant to VOYCE or LanguageLine and a staff translator may be used to translate Spanish.

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

115.16(b)

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide LEP inmates 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.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 13, section H(8) addresses 115.16(b).

The auditor reviewed the contract between CC and VOYCE, Inc. for provision of services to LEP inmates. Services for 200-plus languages are provided pursuant to this service. VOYCE can be accessed from any staff telephone, inclusive of cell phones where and when applicable, and is generally accessed by any staff member. Access to VOYCE, Inc. translators can also be accomplished via desktop connection.

The auditor notes that the CC PREA trifold pamphlet and LPCC Inmate Handbook are presented in both English and Spanish. Additionally, at least one bilingual staff member (Spanish) provides onsite translation services.

The auditor did test the VOYCE line at 11:00AM on December 24, 2025. This test was facilitated by an AW/Alternate PCM via his cell phone as VOYCE can be activated by LPCC landline, staff cell phone, or desktop. The connection was successfully made by dialing the VOYCE telephone number and subsequently, provision of the CC contract number. The caller did make physical contact with a VOYCE employee, advising of the purpose of this test call. As the type of translation required prompt would have followed, the connection was terminated and considered to be successful.

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

115.16(c)

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of inmate

	<p>interpreters/inmate readers/or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or inhibit investigation of the inmate's allegations. The Warden further self reports that the facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.</p> <p>Reportedly, there was zero instances, within the last 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations.</p> <p>All 12 random staff interviewees assert, to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months. It is noted that 11 of 12 interviewees identified further physical injury to the victim and/or impeding an investigation as legitimate reason(s) to invoke 115.16(c) procedures. All 12 interviewees state that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants for translation of a sexual abuse report, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or investigation of the inmate's allegations.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.16(c).</p> <p>Accordingly, the auditor finds LPCC substantially compliant with 115.16.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.17(a)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:</p> <p>Has engaged in sexual abuse of an inmate, detainee, resident in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution;</p>

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 4, section B(1)(a-c) addresses 115.17(a).

The auditor's PAQ review of one each 2025 new hire and contractor Self Declaration of Sexual Abuse/Sexual Harassment forms (14-2H) reveals substantial compliance with 115.17(a). The new employee and the contractor answered the three questions specifically asked, and responded, in writing, to complete the form.

The auditor's onsite review of two random contractor and four newly hired staff (all hired/selected during 2024-2025) 14-2H forms reveals compliance with 115.17(a) to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.

In the latter four cases, three criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. The criminal background record check in the last case was completed within two weeks of hiring. Additionally, the auditor's review of both contractor files reveals substantial compliance with 115.17(a) and (b).

With respect to the four promotion cases reviewed by the auditor, the 14-2H was completed in close proximity to the promotion date.

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

115.17(b)

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of any incidents of sexual harassment of inmates, detainees, residents in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 4, section B(2) addresses 115.17(b).

The auditor's PAQ review of one each 2025 new hire and contractor Self Declaration of Sexual Abuse/Sexual Harassment forms (14-2H) reveals substantial compliance with 115.17(a). The new employee and the contractor answered the three questions specifically asked, and responded, in writing, to complete the form.

The auditor's onsite review of two contractor and four newly hired staff (all hired/ selected during 2024-2025) 14-2H forms reveals compliance with 115.17(b) to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.

In the latter four cases, three criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. The criminal background record check in the last case was completed within two weeks of hiring. Additionally, the auditor's review of both contractor files reveals substantial compliance with 115.17(a) and (b).

With respect to the four promotion cases reviewed by the auditor, the 14-2H was completed in close proximity to the promotion date.

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

Pursuant to the auditor's review of nine random and applicable files, (staff selected during this audit period), he finds zero instances wherein prior institutional employment was listed. Accordingly, the auditor finds zero evidence requiring the execution of a 03-20-02B form.

The HR interviewee states the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. The employee applicant or contractor applicant completes a 14-2H at application, in conjunction with a promotion application, and annually thereafter. LPCC staff forward the 03-20-02B form to prior institutional employers for completion and the form includes a question regarding sexual harassment of inmates.

The auditor notes that completion of the 14-2H form on an annual basis did not commence until 2023.

The 14-2H form [comprised of four questions- three 115.17(a) and one 115.17(b)] is administered to the prospective employee as an applicant, in conjunction with promotion applications, and subsequently on an annual basis and the same is administered to contractors. Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous institutional employer inquiries.

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

115.17(c)

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

The Warden further self reports during the last 12 months, 509 applicants who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame, as well as, existing staff.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 4, section B(7 and 8) addresses 115.17(c).

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

A conditional offer of employment triggers a criminal background record check by First Advantage (vendor). The request for criminal background record check is initiated by human resources (HR) staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases.

According to the interviewee, applicants initiate their portion of the process at the Processing Center in Casa Grande, AZ. They complete the Arizona Background packet, they are fingerprinted, and the applicant electronically completes the First Advantage request . First Advantage action is initiated by HR.

First Advantage completes both initial or pre-hire and five-year reinvestigations. ADCRR staff subsequently approve or disapprove the hire or retention. First Advantage investigators complete a 48 state upper and lower court check for both pre-hire and five-year reinvestigations.

The auditor's review of three of four applicable staff and two applicable contractor criminal background record checks relative to staff and contractors hired during the last 24 months reveals substantial compliance with 115.17(c-1). Criminal background record checks were completed prior to the date of hire in all but one of the staff cases referenced above.

The auditor's PAQ review of one completed PREA Questionnaire for Prior Institutional

Employer form reveals substantial compliance with 115.17(c). the document was completed by an LPCC Human Resources Specialist pursuant to contact with staff from the previous employer.

Pursuant to the auditor's review of nine random and applicable files, (staff selected during this audit period), he finds zero instances wherein prior institutional employment was listed. Accordingly, the auditor finds zero evidence requiring the execution of a 03-20-02B form.

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

115.17(d)

Pursuant to the PAQ, the Warden self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates. The Warden further self reports criminal background record checks were conducted with respect to two contractors who may have contact with inmates.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 4, section B(7) addresses 115.17(d).

According to the HR interviewee, criminal background record checks are performed and pertinent civil or administrative adjudications are considered for all newly hired contractors who may have contact with inmates. A conditional offer of employment triggers a criminal background record check by First Advantage (vendor). The request for criminal background record check is initiated by human resources (HR) staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases.

First Advantage completes both initial or pre-hire and five-year reinvestigations. According to the interviewee, contractor applicants go to the Processing Center in Casa Grande, AZ. They complete the Arizona Background packet, they are fingerprinted, and the applicant electronically completes the First Advantage request. First Advantage action is initiated by HR.

First Advantage completes both initial or pre-hire and five-year reinvestigations. ADCRR staff subsequently approve or disapprove the hire or retention. First Advantage investigators complete a 48 state upper and lower court check for both pre-hire and five-year reinvestigations.

The auditor's review of two applicable contractor criminal background record checks relative to staff and contractors hired during the last 24 months reveals substantial compliance with 115.17(c-1). Criminal background record checks were completed prior to the date of hire in both contractor cases referenced above.

The auditor notes that an LPCC spreadsheet tracking record reflects dates associated with the hiring process for contractors.

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

115.17(e)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 4, section B(7) addresses 115.17(e).

According to the HR interviewee, LPCC HR staff maintains a spread sheet to track five-year criminal background record reinvestigations. The spread sheet alerts two months prior to the five-year anniversary date and HR staff commence the process with staff to facilitate reinvestigation. The spread sheet is a tool to assist in timely management of the criminal background record check and reinvestigation processes.

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired staff and contractors who may have contact with inmates. A conditional offer of employment triggers a criminal background record check by First Advantage (vendor). The request for criminal background record check is initiated by human resources (HR) staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases. Since GDC no longer completes criminal background record checks, CC has intensified this criminal background record check process with First Advantage.

First Advantage completes both initial or pre-hire and five-year reinvestigations.

The auditor's on-site random review of six applicable staff and zero applicable contractors reveals a current five-year criminal background record check was completed and there is no evidence of a criminal record warranting sexual safety consideration.

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

115.17(f)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 4, section B(5) addresses 115.17(f).

The auditor's PAQ review of one 2025 annual 14-2H reveals substantial compliance with 115.17(f).

The auditor's on-site review of nine of 12 applicable random staff (staff with entry on duty (EOD) dates prior to the last 12 months) HR files reveals they did not complete the annual 14-2H form during the last 12 months. The annual 14-2H form was

completed in a timely manner in three cases. In two cases, the annual 14-2H staff submission was not yet due as the result of proximity to date of hire. Promotion 14-2Hs for two of four staff promotions are likewise commensurate with this standard provision.

The auditor notes that the agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct as evidenced by the actual 14-2H form.

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

The interviewee did state that the annual 14-2H requirement has not been met. Accordingly, given the findings noted above with respect to onsite random review of staff HR files and those relevant to staff promotions, as well as, the interviewee's statement, the auditor finds LPCC non-compliant with 115.17(f). The auditor imposes a 180-day corrective action period wherein the CCPC and/or the LPCC PCM will ensure that 115.17(f) is implemented and institutionalized at LPCC. The corrective action due date is April 29, 2026.

To demonstrate implementation and institutionalization of 115.17(f), the CCPC and/or LPCC PCM will provide training to all LPCC HR staff regarding CC policy requirements addressing the provision. This will include the annual administration of the 14-2H form for all staff. A copy of the lesson plan regarding this training, as well as, a signed and dated training roster reflecting the printed name(s) and signatures of all participants will be uploaded into OAS. In addition to the above, the auditor will randomly select current staff and promotional applicants from an existing roster and HR will provide the requisite 14-2Hs.

Subsequent to the above, the auditor will review all evidence and make a determination regarding compliance.

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

The auditor is familiar with the process utilized by CC and he finds the same to be commensurate with 115.17(f) expectations. However, given the requisite corrective action noted above, the auditor finds LPCC non-compliant with 115.17(f).

December 17, 2025 Update:

The auditor's review of an ADCCR Training Roster dated November 13, 2025 reveals that two LPCC HR staff completed the training. The CCPC facilitated the same and a copy of the power point lesson plan is uploaded into OAS. The signatures of

attendees is incorporated into the Training Roster.

In addition to the above, the HRM compiled a list of staff requiring the annual 14-2H, forwarding the same to department heads with a November 21, 2025 due date.

These emails and the list have been uploaded into OAS. The auditor's review of 11 randomly selected 14-2Hs validate completion of the requisite corrective action.

In view of the above, the auditor now finds LPCC substantially compliant with 115.17(f).

115.17(g)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 4, section B(6) addresses 115.17(g).

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

Document review findings are reflected throughout the 115.17 narrative.

Given the corrective action noted in the narrative for 115.17(f), the auditor finds LPCC non-compliant with 115.17(g).

December 17, 2025 Update:

The auditor's review of an ADCCRR Training Roster dated November 13, 2025 reveals that two LPCC HR staff completed the training. The CCPC facilitated the same and a copy of the power point lesson plan is uploaded into OAS. The signatures of attendees is incorporated into the Training Roster.

In addition to the above, the HRM compiled a list of staff requiring the annual 14-2H, forwarding the same to department heads with a November 21, 2025 due date.

These emails and list have been uploaded into OAS. The auditor's review of 11 randomly selected 14-2Hs validate completion of the requisite corrective action.

In view of the corrective action completion noted above, the auditor now finds LPCC substantially compliant with 115.17(g).

	<p>115.17(h)</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 5, section B(9) addresses 115.17(h).</p> <p>The HR interviewee states that when a former employee applies for work at another institution and upon request from that institution, LPCC provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. The Human Resources Manager (HRM) makes the decision regarding release.</p> <p>The auditor's review of one 115.17(h) 2025 request from ADCRR regarding a current LPCC employee reveals substantial compliance with 115.17(h). Responses to the requisite questions are clearly identified in the document.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.17(h).</p> <p>Accordingly, in view of the completed corrective action noted in the narratives for 115.17(f) and (g) and the absence of further adverse findings throughout the 115.17 narrative, the auditor finds LPCC substantially compliant with 115.17.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 7, section E(1) and (2) addresses 115.18(a) in totality.</p> <p>According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA standards and expectations and collaboration with the CCPC provides a global snapshot of PREA concerns and needs. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.</p>

The design team does take into account efforts to increase camera systems in facilities. Included in this entire process is the completion of a 7-01-B form which captures PREA specific considerations. The facility PCM is included in this process, According to the Warden, zero substantial expansions or modifications were added to the facility since the last PREA audit.

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

115.18(b)

Pursuant to the PAQ, the Warden self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. A total of 14 cameras were installed in various areas, 10 of which address sexual safety concerns/blind spots. An electronic justification was included in the PAQ information.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 8, section E(3)addresses 115.18(b) in totality.

The Agency Head interviewee asserts that camera systems with adequate coverage in all inmate areas are a pivotal asset when investigating and preventing cases of sexual abuse and harassment. Monitoring these camera systems regularly has prevented and detected PREA incidents and the footage has been used as definitive proof of an incident occurring or not. If the need for a new, additional, or rearranged camera placement is discovered, the technology and maintenance departments work together to address the need. If it appears to be a greater need than the current budget can accommodate, facility staff can include the need in their budget for the following year.

PREA staff met with staff in the Information Technology (IT) Department as recently as August, 2025 to reinforce expectations regarding documentation and collaboration when new cameras are installed or upgrades made. This included an expectation of project-based updates and overall enterprise activity at year-end for the Annual PREA Report.

The Warden asserts that some cameras have been added and the system has been updated in an attempt to address blind spots.

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

Accordingly, the auditor finds LPCC substantially compliant with 115.18.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.21(a)

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting any administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct which has been released for administrative investigation). However, Arizona Department of Corrections Rehabilitation and Reentry's Central Investigations Unit (ADCRR CIU) investigator(s) facilitate criminal investigations of sexual abuse at LPCC. When conducting administrative investigations, LPCC PREA investigator(s) follow a uniform evidence protocol.

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted that 13 interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

Seven of the 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and three interviewees state that ADCRR CIU investigator(s) facilitate criminal sexual abuse investigations at LPCC.

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

115.21(b)

Pursuant to the PAQ, the Warden self reports that whether the protocol is developmentally appropriate for youth is not applicable to LPCC as youthful inmates are not housed at the facility however, the following policy reflects the same is developmentally appropriate for youth. The Warden further self reports the protocol was adapted from, or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section (B)(7) addresses 115.21(b).

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence by LPCC staff and the LPCC investigator reveals substantial compliance with 115.21(b). LPCC staff preserve the crime scene and follow-up on physical evidence that may be on the victim/perpetrator pursuant to 115.64.

ADCRR CIU investigators utilize their protocol in terms of evidence collection in criminal matters.

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

115.21(c)

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations pursuant to an MOU with Honor Health Hospital. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs are documented as reflected above.

ADCRR DO 608 entitled Criminal Investigations, page 7, section 8.2 addresses 115.21(c).

In the last 12 months, zero forensic medical examinations were conducted relative to an LPCC inmate who alleged sexual abuse.

The auditor has forwarded two emails to Honor Health SANE officials in an effort to address questions surrounding the forensic examination process, inclusive of sexually transmitted disease testing, administration of infection prophylaxis, and training. As of the date of this writing, the auditor has not received any response regarding the specifically crafted questions. The auditor will continue pursuit of this information throughout the interim report period and, if successful, the report will be adjusted to reflect the appropriate subject-matter.

On April 7, 2026, the auditor facilitated a telephonic interview with the Forensic Nurse Manager at Honor Health. She advised that 25-30 SANES are employed with Honor Health (includes full-time, part-time, and per diem SANES). While IAFN training is not utilized, current training is modeled after the same. Training is compartmentalized into skills, didactic, and preceptorship. During the preceptorship training, approximately eight examinations are completed by the trainee under instructor oversight. Training is provided both in-person and online.

In the very remote instance where a SANE is not available, the examination would be delayed. This would be highly improbable given the number of available SANES and weather conditions in Phoenix, AZ.

Infection prophylaxis is part of the interviewee's forensic planning recommendation. Additionally, any applicable testing, inclusive of HIV, etc., dependent upon medical judgment, may be likewise considered however, dependent upon various circumstances. Prophylactic medication(s) would be offered as part of the SANE examination. Minimal dosage(s) would be offered with any follow-up medication(s) supplied by the facility medical department.

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

115.21(d)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 19, section 19 addresses 115.21(d) and (e).

The PCM asserts that if requested by the victim, a victim advocate (VA) from Southern Arizona Center Against Sexual Assault (SACASA) accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Provision of these services is memorialized in a Memorandum of Understanding (MOU).

During the onsite visit, the auditor interviewed five inmates who indicated they reported sexual abuse/harassment incidents at LPCC. Three of the five interviewees stated they actually reported sexual abuse incidents that occurred at LPCC. One interviewee stated that the incident occurred two years prior to his report. None of the remaining three inmate interviewees state they recall being offered VA services. The auditor notes that a forensic examination was not ordered in any of these cases.

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

115.21(e)

Pursuant to the PAQ, the Warden asserts that if requested by the victim, a qualified agency staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The PCM asserts that victim advocates (VAs) from the Southern Arizona Center Against Sexual Assault (SACASA) can accompany inmate victims of sexual abuse for forensic examinations and investigatory interviews.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 19, section 19 addresses 115.21(e).

The PCM asserts that if requested by the victim, VA(s) accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Corporate staff reach out to SACASA officials to address VA credentials. SACASA is licensed by the State of Arizona.

The auditor's review of the MOU between CC and SACASA validates the PCM's assertion as noted above.

During the onsite visit, the auditor interviewed five inmates who indicated they reported sexual abuse/harassment incidents at LPCC. Three of the five interviewees stated they actually reported sexual abuse incidents that occurred at LPCC. One

interviewee stated that the incident occurred two years prior to his report. None of the remaining three inmate interviewees state they recall being offered VA services. The auditor notes that a forensic examination was not ordered in any of these cases.

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

115.21(f)

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

LPCC staff investigate administrative allegations of sexual abuse while ADCRR CIU investigators facilitate criminal investigations as part of the contract between CC and ADCRR.

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

115.21(h)

Pursuant to the PAQ, the Warden self reports that SACASA is a well-respected VA not-for-profit entity licensed by the Department of Health Services/Office of Behavioral Health Licensure and therefore, they fall under regulatory oversight by that state office. Additionally, corporate officials interact with SACASA, assessing VA credentials.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 19, section 21 addresses 115.21(h).

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

Accordingly, the auditor finds LPCC substantially compliant with 115.21.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.22(a)

Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Twenty-two administrative sexual abuse/harassment investigations were opened and 21 were completed during the last 12 months. According to the investigator, all sexual abuse/harassment investigations are discussed with ADCRR CIU investigators to determine whether the same will be investigated criminally or administratively.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 22, section (N)(1) addresses 115.22(a and b) in totality. ADCRR DO 608 entitled Criminal Investigations, pages 1, 2, 5, and 7, section 8.2 addresses 115.22(a).

The auditor's on-site review of 12 random sexual abuse/harassment investigations validates the above statement regarding investigation opening and completion.

According to the Agency Head interviewee, it is CC policy to complete an administrative investigation or refer allegations of sexual abuse or sexual harassment that are potentially criminal to a law enforcement agency with legal authority to complete criminal investigations. Administrative investigations are conducted in such a manner to not disturb evidence, etc. associated with a criminal investigation. Administrative investigations are completed by a PREA specialty trained CC investigator and criminal investigations are completed by ADCRR CIU investigator(s).

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts that all allegations are reported in the CC Incident Reporting Database. All investigations are completed in a prompt, thorough, and objective manner. The allegation(s) are subsequently assigned to an administrative investigator if the allegation(s) are not criminal, in nature.

This system requires multiple levels of administrative oversight and review and all investigative steps and efforts are documented on CC forms. Allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials. CC staff are committed to working with outside law enforcement.

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

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

115.22(b)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 19, section 13 addresses 115.22(b). ADCRR DO 125 entitled Sexual Offense Reporting, pages 1 and 7, sections 1.0 and 4.4.2 addresses 115.22(a)

The administrative investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to ADCRR CIU investigator(s) for criminal investigation. The interviewee states that he contacts ADCRR CIU investigator(s) to determine whether each individual case will be investigated as an administrative or criminal matter. The interviewee commences an administrative investigation unless ADCRR CIU investigator(s) advise that they are taking the investigation. Of note, referrals for criminal investigations are documented in the CC Incident Reporting Database.

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

115.22(c)

The auditor's review of the aforementioned policies reveals that the same clearly articulate investigative responsibilities for both ADCRR CIU, as well as, the LPCC investigator(s).

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

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

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

115.31(a)

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the nine topics listed in 115.31(a).

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 5, section C(1) addresses 115.31(a). ADCRR DO 125 entitled Sexual Offense Reporting, pages 17 and 18, sections 11.0, 11.1.1 through 11.1.21 addresses 115.31(a).

The auditor's limited review of the ADCRR Preventing and Responding to Inmate Sexual Abuse (PREA) slides reveals substantial compliance with 115.31(a) in terms of the 9 required topics. Slides reveal that all requisite staff training [as applied to 115.31(a)] is available at LPCC.

The auditor's onsite review of 11 of 12 applicable random staff training records (ADCRR) (Entry on Duty dates during 2023-2025) reveals substantial compliance with 115.31(a). Five additional files pertained to staff hired during the last audit period or prior to the same.

During COTA training (pre-service PREA training), staff sign and date the ADCRR PREA Training Acknowledgment, certifying their understanding of the comprehensive PREA training provided. During PREA ART, employees sign electronically that they understand the PREA subject-matter presented.

All 12 random staff interviewees state they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training during the academy (COTA training) and prior to assumption of duties with inmate contact. When applicable, they again received the same training during annual refresher training (ART) or annual In-Service training.

Additionally, applicable random staff interviewees state they completed either/or in-person or on-line PREA ART (E Learning) regarding the aforementioned topics.

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

115.31(b)

Pursuant to the PAQ, the Warden self reports training is tailored to the male gender of the inmates assigned to the facility. The Warden further self reports employees, who are reassigned from facilities housing the opposite gender, are given additional training.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS

Sexual Offense Reporting, page 5, section C(2) addresses 115.31(b).

As previously mentioned, the auditor's review of both curriculum and slides reveals substantial compliance with 115.31(b). According to the LPCC PCM, zero staff have transferred to LPCC during the last 12 months from facilities wherein female inmates are exclusively housed.

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

115.31(c)

Pursuant to the PAQ, the Warden self reports that between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Minimally, staff receive PREA Annual Refresher Training (ART) on an annual basis.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 5, section C(3) addresses 115.31(c).

The auditor's review of the aforementioned slides reveals substantial compliance with 115.31(a) and (c). The auditor's onsite review of 17 random 2023-2025 staff training records reveals compliance with 115.31(c). Review of 11 of 12 applicable training records (Entry on Duty dates during 2010-2025) reveals receipt of PREA ART on an annual basis. Review of five additional records reveals that staff were not yet due for PREA ART in view of the proximity of their EOD date to the onsite visit.

The signed and dated ADCRR forms (PREA Training Acknowledgment) reflect receipt and understanding of training thereby, establishing compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented at COTA.

During COTA training (pre-service PREA training), staff sign and date the ADCRR PREA Training Acknowledgment, certifying their understanding of the comprehensive PREA training provided. During PREA ART, employees sign electronically that they understand the PREA subject-matter presented.

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

115.31(d)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS

	<p>Sexual Offense Reporting, page 5, section C(4) addresses 115.31(d).</p> <p>The auditor's onsite review of 11 of 12 applicable random staff training records (ADCRR) (Entry on Duty dates during 2023-2025) reveals substantial compliance with 115.31(d). Five additional files pertained to staff hired during the last audit period or prior to the same.</p> <p>The auditor's onsite review of 17 random 2023-2025 staff training records reveals compliance with 115.31(c). Review of 11 of 12 applicable training records (Entry on Duty dates during 2010-2025) reveals receipt of PREA ART on an annual basis. Review of five additional records reveals that staff were not yet due for PREA ART in view of the proximity of their EOD date to the onsite visit.</p> <p>The signed and dated ADCRR forms (PREA Training Acknowledgment) reflect receipt and understanding of training thereby, establishing compliance with 115.31(a) and (d). Attendees print and sign the document, attesting to completion of the same and understanding of the subject-matter presented at COTA (the I understand caveat is scripted into the document). During PREA ART, employees sign electronically that they understand the PREA subject-matter presented.</p> <p>In view of the above, the auditor finds that LPCC is substantially compliant with 115.31(d).</p> <p>Accordingly, the auditor finds LPCC exceeds expectations with respect to 115.31.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.32(a)</p> <p>Pursuant to the PAQ, the Warden self reports all contractors and volunteers, who have contact with inmates, have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 15 contractors who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The auditor's review of current contractor and volunteer rosters reveals that 33 contractors and 17 volunteers currently provide services at LPCC.</p> <p>Contractors [food service contractors (Trinity) and medical] receive the same training as all facility employees. Additionally, Trinity provides PREA training to food service staff at LPCC.</p>

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 6, section 8(a) addresses 115.32(a). ADCRR DO 125 entitled Sexual Offense Reporting, page 18, section 11.3 addresses 115.31(a).

The two food service and one medical contractor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate (in person) in the CC PREA Orientation or ART training (online), whichever is applicable. Additionally, the food service director or food service supervisor provides Trinity staff (food service contractor) PREA training on an Orientation and annual basis.

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

The auditor's review of one 2025 PAQ CORECIVIC PREA TRAINING ACKNOWLEDGMENT form reveals one random volunteer completed said training. The volunteer signed and dated the above document which bears the "I understand" caveat. Additionally, one contractor signed and dated a 2025 14-2K form which provides substantial written instructions meeting the evidence threshold for 115.32(a).

Two volunteer interviewees, a medical contractor, and two Trinity Food Service supervisors state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate in the CC PREA Orientation or ART training (in-person or online), whichever is applicable. The two volunteer interviewees completed a 2026 14-2K certifying PREA training and understanding of the same. These documents were signed and dated by both volunteers.

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

115.32(b)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 6, section 8(b) addresses 115.32(b). ADCRR DO 125 entitled Sexual Offense Reporting, page 18, section 11.3 addresses 115.31(a).

Contractors [food service contractors (Trinity) and medical] receive the same training as all other facility employees. Additionally, Trinity provides PREA training to food

service staff at LPCC.

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

The two food service and one medical contractor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate (in person) in the CC PREA Orientation or ART training (online), whichever is applicable. Additionally, the food service director or food service supervisor provides Trinity staff (food service contractor) PREA training on an Orientation and annual basis.

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

The auditor's review of one 2025 PAQ CORECIVIC PREA TRAINING ACKNOWLEDGMENT form reveals one random volunteer completed said training. The volunteer signed and dated the above document which bears the "I understand" caveat. Additionally, one contractor signed and dated a 2025 14-2K form which provides substantial written instructions meeting the evidence threshold for 115.32(a).

Two volunteer interviewees, a medical contractor, and two Trinity Food Service supervisors state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate in the CC PREA Orientation or ART training (in-person or online), whichever is applicable. The two volunteer interviewees completed a 2026 14-2K certifying PREA training and understanding of the same. These documents were signed and dated by both volunteers.

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

115.32(c)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 6, section 8(e) addresses 115.32(c). ADCRR DO 125 entitled Sexual Offense Reporting, page 17, section 11.1 addresses 115.31(c).

The auditor's review of one 2025 PAQ CORECIVIC PREA TRAINING ACKNOWLEDGMENT form reveals one random volunteer completed said training. The volunteer signed and dated the above document which bears the "I understand" caveat. Additionally, one contractor signed and dated a 2025 14-2K form which provides substantial written instructions meeting the evidence threshold for 115.32(a).

	<p>Two volunteer interviewees, a medical contractor, and two Trinity Food Service supervisors state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate in the CC PREA Orientation or ART training (in-person or online), whichever is applicable.</p> <p>The auditor's review of signed and dated PREA Tolerance Policy Acknowledgment forms (14-2J) for the medical contractor and two Trinity Food Service supervisors reveals substantial compliance with 115.32(c). These documents reflect the "I understand" caveat regarding responsibilities relevant to sexual abuse/harassment of inmate issues. The two volunteer interviewees completed a 2026 14-2K certifying PREA training and understanding of the same. These documents were signed and dated by both volunteers.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.32(c).</p> <p>Accordingly, the auditor finds LPCC substantially compliant with 115.32.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.33(a)</p> <p>Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 2532 inmates admitted to LPCC during the last 12 months were given this information at intake.</p> <p>Upon further review with the PCM, the auditor determined that 2524 inmates have been admitted to LPCC during the last 12 months. The figure of 2532 inmates was erroneously entered into OAS. Accordingly, 2524 inmates were provided requisite PREA education during the last 12 months.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 10, section H(1) and (2) address 115.33(a).</p> <p>The intake staff interviewee states he provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, he offers the CC PREVENT. DETECT. RESPOND. pamphlet (presented in English and Spanish) and the LPCC Inmate Handbook to all incoming inmates. He also provides verbal orientation regarding reporting procedures for sexual abuse/harassment incidents. The PREA video is not currently provided at LPCC.</p>

Every inmate admitted to LPCC receives PREA Orientation.

If the inmate is non-English speaking, VOYCE is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired inmates. LanguageLine may be used for supply of sign language services. He reads materials to blind inmates and a staff translator may be used to translate Spanish.

Eighteen of 20 random inmate interviewees report they received at least one or more of the LPCC Inmate Handbook or the aforementioned CC tri-fold pamphlet at intake (day of arrival) up to three days from the date of arrival. Two inmates stated that they used their issued ADCRR tablet to review the LPCC Handbook. PREA education generally concludes with PREA orientation facilitated by a CM (CO3).

The auditor's PAQ review of one completed 2025 PREA Education Acknowledgment form reveals that initial PREA education was provided in a timely manner.

The auditor's on-site review of 14 of 16 random inmate files pertaining to inmates received at LPCC during 2024 and 2025 reveals that the LPCC Inmate Handbook and the aforementioned tri-fold pamphlet were received by arriving inmates on the date of arrival.

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

115.33(b)

Pursuant to the PAQ, the Warden self reports 2532 inmates were admitted to LPCC during the last 12 months whose length of stay was 30 days or more. Upon further review with the PCM, the auditor determined that 2524 inmates have been admitted to LPCC during the last 12 months. The figure of 2532 inmates was erroneously entered into OAS. Accordingly, all 2524 inmates were provided requisite PREA education during the last 12 months.

According to the Warden, all of these inmates received comprehensive PREA education within 30 days of intake.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 11, section H(3) addresses 115.33(b).

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Such education regarding the inmate's right to be free from sexual abuse and sexual harassment, the inmate's right to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, is generally provided in the intake materials and LPCC Inmate Handbook. Additionally, the inmate's assigned CO3 follows-up with the inmate within 30-days of arrival for additional PREA guidance.

Four of 12 random inmate interviewees (admitted to LPCC within the last 14 months)

report they received comprehensive PREA education within 30 days of arrival at LPCC. Additionally, in view of one interviewee's admission date at LPCC, he was not yet due for comprehensive PREA education (30-day education). The auditor's review of files associated with six of the seven inmates who stated they were not provided comprehensive PREA education reveals that five of six of these inmates did receive comprehensive PREA education (within 30 days of admission to LPCC).

The auditor's on-site review of 15 of 16 random inmate files pertaining to inmates received at LPCC during 2024 and 2025 reveals that provision of comprehensive education did occur within 30-days of arrival at LPCC.

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

115.33(c)

Pursuant to the PAQ, the Warden self reports that all inmates received within the last 12 months who remained at the facility for 30 days or more have been educated within 30 days of intake. At LPCC, an email is generated Monday - Friday regarding any Initial or 30 Day PREA Assessments that are due. Initial PREA education is provided to all inmates at the time of the PREA Assessment and if some are missed, the same are completed within 72 hours of arrival.

The Warden further self reports agency policy requires that inmates who are transferred from one facility to another are educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents pursuant to a PREA refresher applicable to LPCC. As reflected above, all incoming inmates are provided PREA education as attested to by documentation referenced.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 11, section H(6) addresses 115.33(c).

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

115.33(d)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 10, section H(2) addresses 115.33(d).

Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf inmates so they can converse with other individuals similarly situated or individuals who are not deaf. Additionally, the auditor's review of the VOYCE contract reveals that sign language is available

pursuant to the same. The auditor notes that the CC PREA trifold pamphlet and LPCC Inmate Handbook is presented in both English and Spanish. The auditor also notes that LanguageLine is available for video sign language.

The auditor's review of the VOYCE instructional document reveals a procedure is in place to provide interpretative services for non-English speaking and deaf inmates. Generally, solicitation of interpretational assistance through VOYCE is facilitated on staff telephones, cell phones, and/or desktop.

The following inmates with disabilities or limited English proficiency (LEP) types stated the facility provides information about sexual abuse and sexual harassment they are able to understand (one deaf inmate, one physically disabled inmates, three mental health/cognitively impaired inmates, and one LEP inmate). Educational posters were noted to be posted in areas easily accessible to and observable by the inmate population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the inmate population.

The auditor notes that a staff interpreter translated for the LEP inmate and the deaf inmate read each question from both the inmate questionnaire and the inmate(s) with disabilities questionnaire. The interviewee and the auditor subsequently communicated in writing. Of particular note, the deaf interviewee stated that he received PREA information pursuant to a sign language interpreter on the video phone.

The intake staff interviewee states he provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, he issues the CC PREVENT. DETECT. RESPOND. pamphlet (presented in English and Spanish) and the LPCC Inmate Handbook (English and Spanish) to all incoming inmates.

If the inmate is non-English speaking, VOYCE is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired inmates. LanguageLine may be used for supply of sign language services. He reads materials to blind inmates or he can access sign language services pursuant to VOYCE or LanguageLine and a staff translator may be used to translate Spanish.

The auditor reviewed the contract between CC and VOYCE for provision of services to LEP inmates. Services for 200-plus languages, plus sign language, are provided pursuant to this service. VOYCE can be accessed from any staff telephone or desktop and is generally accessed by staff.

The auditor did test the VOYCE line at 11:00AM on December 24, 2025. This test was facilitated by an AW/Alternate PCM via his cell phone as VOYCE can be activated by LPCC landline, staff cell phone, or desktop. The connection was successfully made by dialing the VOYCE telephone number and the CC contract number was provided. The caller did make physical contact with a VOYCE employee, advising of the purpose of this test call. While the type of translation required prompt would have followed, the connection was terminated and considered to be successful.

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

115.33(e)

The auditor's PAQ review of two completed PAQ PREA Education Acknowledgments (one initial PREA education and one 30-day PREA Education) and one LPCC Unit Admission and Orientation Acknowledgment forms reveals substantial compliance with 115.33(e). The PREA Education Acknowledgment forms reflect that the LPCC Handbook, CC Zero Tolerance PREA Pamphlet (14-2AA), PREA Comprehensive Education, and the SACASA pamphlet (VA services) pamphlet were provided to the inmate.

The auditor's on-site review of 13 of 16 random inmate files pertaining to inmates received at LPCC during 2024 and 2025 reveals that provision of comprehensive education did occur within 30-days of arrival at LPCC.

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

115.33(f)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 11, section H(5) addresses 115.33(f).

Based on PAQ review of documentation submitted in OAS, the auditor was under the impression that LPCC inmates can access electronic tablets to order commissary, submit electronic emergency grievances, etc. Pursuant to follow-up, the auditor has been advised that reporting sexual abuse/harassment via this method is also available at LPCC. Operating instructions are explicitly articulated in the LPCC Handbook. Furthermore, entry of the reporter's pin number or inmate number is not required when reporting a sexual abuse/harassment incident via #7732. Keying any combination of numbers will afford access to the system.

In addition to the above, the auditor notes that the LPCC Handbook is also available on the tablets provided by ADCRR.

According to the PCM, outgoing mail to the Arizona Department of Juvenile Corrections is not opened and, in general, outgoing mail is not opened unless suspicious circumstances are existent. If irregularities are noted with respect to the outgoing envelope, inclusive of a peculiar address/the envelope appears to be stuffed with unknown object(s)/substance(s), etc., the envelope may be opened following a clearance process.

The auditor's review of a memorandum poster reflects that reports of sexual abuse or

	<p>sexual harassment to an agency that is not part of CoreCivic or ADCRR can be written to the following address:</p> <p>Arizona Department of Juvenile Corrections (official correspondence), P.O. Box 18292, Phoenix, AZ 85005</p> <p>As posters may be removed from critical areas by inmates, the PCM developed a poster that is magnified substantially and the same is posted throughout the pods and units at a height that is unreachable by inmates. This informational poster regarding the Arizona Department of Juvenile Corrections and the VA provider (SACASA), as well as, the internal reporting line for sexual abuse/harassment incidents, was present throughout the facility.</p> <p>The auditor notes that requisite information is consistent within all educational materials and accordingly, inmates have access to accurate information.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.33(f).</p> <p>Given the lack of adverse findings with respect to any of the 115.33 provisions, the auditor finds LPCC substantially compliant with 115.33.</p>
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115.34 Specialized training: Investigations	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.34(a)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires that facility or agency sexual abuse/harassment investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 5, section C(5) addresses 115.34(a).</p> <p>The administrative investigative staff interviewee states he has completed training specific to investigating sexual abuse in confinement settings. Specifically, he has completed the three hour web based National Institute of Corrections (NIC) training course regarding investigation of sexual abuse incidents in a confinement setting, This training was scenario-based and included a testing component. These trainings included the following topics:</p> <p>Techniques for interviewing sexual abuse victims;</p> <p>Proper use of Miranda and Garrity warnings;</p>

Sexual abuse evidence collection in confinement settings; and

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

The criminal investigative interviewee states he has likewise completed specialty training regarding investigation of sexual abuse in a confinement setting.

Specifically, he completed academy specialty training and a three to five hour online course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting. This specialty training included scenarios and a testing component.

The auditor's review of the administrative investigator's National Institute of Corrections certificate reveals that he completed the requisite NIC web-based course on December 14, 2016. In addition to the above, the auditor's review of the administrative investigator's electronic training record reveals that he completed PREA ART on December 8, 2023 and October, 23, 2024. Based on ADCRR's training calendar, he has completed training for 2025.

The auditor notes that he has reviewed the training syllabus for the above training and finds the same to be commensurate with 115.34(a) and (b).

The auditor's review of two secondary administrative investigators' NIC certificates for the online PREA: Investigation of Sexual Abuse in a Confinement Setting course reveals they completed the same on January 9, 2020 and February 19, 2024. respectively.

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

115.34(b)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 5, section C(5)(a) addresses 115.34(b).

The administrative and criminal investigative interviewees state that specialized training included:

Techniques for interviewing sexual abuse victims;

Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection in confinement settings; and

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

This is commensurate with the auditor's findings pursuant to his review of the relevant lesson plan.

	<p>In view of the above, the auditor finds LPCC substantially compliant with 115.34(b).</p> <p>115.34(c)</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training. The Warden further self reports LPCC currently employs three administrative PREA investigators and they completed the requisite training.</p> <p>As mentioned in the narrative for 115.34(a), two additional administrative investigators have completed requisite training, as validated by their certificates. The auditor's review of two secondary administrative investigators' NIC certificates for the online PREA: Investigation of Sexual Abuse in a Confinement Setting course reveals they completed the same on January 9, 2020 and February 19, 2024. respectively.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.34(c).</p> <p>Accordingly, the auditor finds LPCC substantially compliant with 115.34.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.35(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, 79 medical and mental health care practitioners or 95 percent who work regularly at the facility, have received the requisite training.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 5, section C(6) addresses 115.35(a).</p> <p>The auditor's cursory review of the National Institute of Corrections (NIC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.</p> <p>According to the medical/mental health interviewees, both completed the specialized training regarding sexual abuse and sexual harassment by virtue of a three to five hour on-line class that addressed the following:</p> <p>How to detect and assess signs of sexual abuse and sexual harassment;</p>

How to preserve physical evidence of sexual abuse;

How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor's review of training documents for 87 CC and contract medical/mental health practitioners, capturing medical and mental health staff who have completed specialty PREA medical and mental health training, reveals substantial compliance with 115.31(a-d).

The auditor has been provided a roster entitled PREA Specialty Training for Medical/ Mental Health staff- NIC wherein 87 names appear as completing such specialty training.

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

115.35(b)

Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated by LPCC SANEs or at LPCC.

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

115.35(c)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, pages 5 and 6, section C(7) addresses 115.35(c).

Evidence substantiating completion of the medical/mental health PREA specialty training with respect to 87 CC or contract LPCC medical/mental health practitioners is uploaded into OAS. The same is documented by virtue of the aforementioned roster.

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

115.35(d)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 5, section C(6) addresses 115.35(d).

	<p>The auditor's random review of 15 individual training records encompassing both staff and contractor(s) reveals substantial compliance with 115.35(d). CC staff and contractors have completed 2025 PREA Orientation or ART training and contractor(s) have completed the requisite 115.32 PREA training.</p> <p>Given the above, the auditor finds LPCC substantially compliant with 115.35(d).</p> <p>Accordingly, in view of the absence of adverse findings, the auditor finds LPCC substantially compliant with 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring assessment (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other inmates.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 8, section G(1) addresses 115.41(a).</p> <p>According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, he does screen inmates upon admission to LPCC or upon return from court for risk of sexual abuse victimization or sexual abusiveness (pursuant to the victimization/abusiveness assessment instrument) towards other inmates. The interviewee states that assessments are facilitated one-on-one in an office behind a closed door located in Intake. There is a window in the office door. He discreetly asks the questions articulated in the assessment tool and subsequently records the inmate's response(s). He does review classification material already available prior to the inmate's arrival.</p> <p>While the auditor did observe the area in which victimization/aggressor assessments are conducted, he did not observe an actual assessment. As reflected above, the auditor asked specific questions of the interviewee from which to determine protocol and effectiveness in the assessment process. He also reviewed completed initial assessments and reassessments to determine comprehensiveness.</p> <p>Eight of 12 applicable (arrival dates at LPCC within the last 14 months) random inmate interviewees state they did receive an initial PREA assessment at intake. Seven of the 8 interviewees state they received the initial assessment on the date of arrival with the last inmate stating that he received initial assessment within two weeks of arrival however, the auditor's review of his file reveals that he received the</p>

initial assessment on the date of arrival. Additionally, the auditor's review of the four interviewees' files who stated they were not subjected to initial PREA assessment reveals they received the same on the day of arrival. The auditor notes that eight additional interviewees arrived at LPCC outside the 12 month window and accordingly, they were not queried regarding either the initial assessment or the 30-day reassessment.

Fifteen of 16 applicable files (arrival dates at LPCC within the last 18 months) reveal that subject inmates received an initial PREA assessment at intake (day of arrival or within 24 hours of arrival). During the facility tour, the auditor did randomly question two inmates as to whether they were asked these questions on the day of arrival and both responded in the affirmative.

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

115.41(b)

Pursuant to the PAQ, the Warden self reports policy requires inmates to be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the last 12 months, the Warden self reports 2524 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility.

The auditor notes that pursuant to the facility information section reflected in this report, 2559 inmates were received at the facility during the last 12 months (either through intake or transfer) whose length of stay in the facility was 72 hours or more. According to the PCM, the total number of admissions during this period was 2524. Accordingly, based on the Warden's assertion, 2524 commitments were initially screened within 72 hours of arrival at LPCC.

The auditor notes that the CCPC and facility staff identified, through mock audit(s), some concerns with timely completion of victimization/aggressor assessments. Controls were implemented by the current PCM to ensure timely completion of the same. Specifically, a CO3 was tasked with tracking initial and reassessments, ensuring timely completion of the same. The auditor notes substantial compliance with policy and procedure as a result.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 8, section G(2) addresses 115.41(b).

According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, he does screen inmates upon admission to LPCC or upon return from court for risk of sexual abuse victimization or sexual abusiveness (pursuant to the victimization/abusiveness assessment instrument) towards other inmates. The interviewee states that assessments are facilitated one-on-one in an office in Intake behind a closed door. There is a window in the office door. He

discreetly asks the questions articulated in the assessment tool and subsequently records the inmate's response(s). He does review classification material already available prior to the inmate's arrival.

The interviewee states that he generally facilitates initial assessments within 24 hours of arrival at LPCC.

Eight of 12 applicable (arrival dates at LPCC within the last 14 months) random inmate interviewees state they did receive an initial PREA assessment at intake.

Seven of the 8 interviewees state they received the initial assessment on the date of arrival with the last inmate stating that he received initial assessment within two weeks of arrival however, the auditor's review of his file reveals that he received the initial assessment on the date of arrival. Additionally, the auditor's review of the four interviewees' files who stated they were not subjected to initial PREA assessment reveals they received the same on the day of arrival. The auditor notes that 8 additional interviewees arrived at LPCC outside the 12 month window and accordingly, they were not queried regarding either the initial assessment or the 30-day reassessment.

Fifteen of 16 applicable files (arrival dates at LPCC within the last 18 months) reveal that subject inmates received an initial PREA assessment at intake (day of arrival or within 24 hours of arrival). During the facility tour, the auditor did randomly question two inmates as to whether they were asked these questions on the day of arrival and both responded in the affirmative.

The auditor's PAQ review of four initial PREA assessments completed in 2025 reveals that three assessments were completed on the day of arrival at LPCC.

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

15.41(c)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 8, section G(3) addresses 115.41(c).

Pursuant to the auditor's onsite review of the initial assessments cited in the narratives for 115.41(a) and (b), the same do reflect the questions articulated in 115.41(d) and (e). The weighting system is clearly articulated on page 3 of the sample assessment document uploaded into OAS.

Pursuant to the same, inmates are classified as either Potential Victims (PVs)/Known Victims (KVs) or Potential Aggressors (PAs)/Known Aggressors (KAs). Of note, the weighting system is contingent upon the inmate's responses to specific question(s) and staff observations. An Unrestricted classification is assigned to those inmates who do not score as either victim or aggressor.

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

115.41(d)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, pages 8 and 9, section G(4) reveals that the intake assessment considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

Whether the inmate has a mental, physical, or developmental disability;

The age of the inmate;

The physical build of the inmate;

Whether the inmate has previously been incarcerated;

Whether the inmate's criminal history is exclusively nonviolent; While not specifically addressed in policy, staff are directed to complete the Form 14-2B (victimization/aggressor screening) and the same clearly reflects the requisite verbiage. Accordingly, the intent of the standard and actual practice are met.

Whether the inmate has prior convictions for sex offenses against an adult or child;

Whether the inmate is or is perceived to be gay, lesbian, bisexual (LGB) (question is asked by the screener, as well as, assessed pursuant to observation);

Whether the inmate has previously experienced sexual victimization;

The inmate's own perception of vulnerability; and

Whether the inmate is detained solely for civil immigration purposes.

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

Sexual victimization history (both institution and community);

Physical disability;

Crimes against a minor?;

LGB status;

Age;

Non-violent offense?; and

Is this the first time in jail or prison?

According to the staff who performs initial assessment for risk of victimization and

abusiveness interviewee, he does screen inmates upon admission to LPCC or upon return from court for risk of sexual abuse victimization or sexual abusiveness (victimization/abusiveness assessment) towards other inmates. The interviewee states that assessments are facilitated one-on-one in an office in Intake behind a closed door. There is a window in the office door. He discreetly asks the questions articulated in the assessment tool and subsequently records the inmate's response(s). He does review classification material already available prior to the inmate's arrival.

The interviewee states that he generally facilitates initial assessments within 24 hours of arrival at LPCC. In view of the above, the auditor finds LPCC substantially compliant with 115.41(d).

115.41(e)

As previously indicated, the statement of the staff responsible for risk assessment interviewee, CC policy and the auditor's review of the CC 14-2B reveals that 115.41(e) questions are addressed in the assessment instrument.

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

115.41(f)

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days following the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake assessment. In the last 12 months, the Warden self reports 2524 of 2559 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 30 days of entry into the facility.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 10, section G(14) addresses 115.41(f).

The staff responsible for risk assessment interviewee states within 30 days of arrival at LPCC, the inmate's respective case manager (CO3) facilitates a reassessment.

Five of the 12 applicable (arrival dates within the last 14 months) random inmate interviewees state they did receive a reassessment within 30 days of arrival at LPCC. Six of the 7 remaining inmates state they were not reassessed while one interviewee was not yet due for reassessment at the time of the interviews. Of note, the auditor's review of five of six files associated with inmates who stated they were not reassessed within 30 days of arrival at LPCC, reveals they received reassessments in

a timely manner. The auditor's review of 4 PAQ victimization/aggressor screenings reveals that the same were conducted within 30-days of arrival at LPCC and the same were comprehensive.

The auditor's further review of all 16 applicable randomly selected inmate files (accompanying files for inmates received at LPCC during the last 14 months) reveals reassessments were completed within 30 days of arrival.

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

115.41(g)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 10, section G(16) and (17) addresses 115.41(g).

The PCM states that during the last 12 months, zero reassessments were facilitated when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The auditor notes that he has not become aware of any information contrary to that provided by the PCM.

The staff who performs assessment for risk of victimization and abusiveness interviewee states that the case manager (CO3) assigned to the inmate requiring reassessment as the result of a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness would facilitate the reassessment. The PCM may alert the CO3(s) as to the need for such reassessment.

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

115.41(h)

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

Whether or not the inmate has a mental, physical, or developmental disability;

Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, or gender non-conforming;

Whether or not the inmate has previously experienced sexual victimization; and

	<p>The inmate's own perception of vulnerability.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 9, section G(8) addresses 115.41(h).</p> <p>The staff who performs assessment for risk of sexual victimization and sexual abusiveness interviewee states inmates are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.</p> <p>The PCM states that zero inmates have been disciplined for refusing to answer or failing to disclose information regarding the above four questions.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.41(h).</p> <p>115.41(i)</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 10, section G(13)(a-c) addresses 115.41(i).</p> <p>According to the CCPC, LPCC PCM, and the staff who performs assessment for risk of sexual victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. According to the LPCC PCM, such information consumption is generally limited to the Warden, PCM, assistant wardens (AWs), CO3s, unit managers (UMs), assistant unit managers (AUMs), captains, sergeants, count management officer (CMO), COS, assistant chiefs (ACOS), and investigator. The CCPC asserts that access is generally limited to CO3(s) and treatment staff. Electronic access is granted by privileges.</p> <p>The auditor notes that victimization/aggressor assessments are maintained in electronic files that can be accessed only by those staff who have been granted system privileges. The PCM validated the same as reflected in the preceding paragraph.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.41(i).</p> <p>In view of the evidence reflected throughout this standard narrative, the auditor finds LPCC substantially compliant with 115.41.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.42(a)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9 section (G)(1) and page 13, section I(1) address 115.42(a).

The PCM and the staff responsible for risk screening interviewees state that the ADCRR system assigns PV, KV, PA, and KA status to each initial and reassessment screening. PVs and KVs can be housed together, as well as PAs and KAs can be housed together. All of the above classifications can be housed with those inmates classified as Unrestricted. Victims and aggressors are not housed in the same cell.

The count movement officer(s) (CMO) maintain(s) three large white boards in his/her office wherein housing assignments and unique victim/aggressor information is noted. Housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns and ensure placements as noted above. Additionally, this information is maintained on 8"X11" daily housing rosters (paper) (Photo ID Count Sheet). The auditor observed this process during the facility tour and he selected interviewees from the paper rosters.

The CMO Office is staffed across two shifts and housing assignments are based on the aforementioned risk assessment. She states that system is reviewed by the the intake officer for any historical sexual abuse/victimization information to assist with temporary bed assignments. Pursuant to the auditor's observations during the facility tour, program and work assignments are supervised by staff.

Accordingly, the auditor finds LPCC substantially compliant with 115.42(a).

115.42(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(4) addresses 115.42(b).

The staff responsible for risk screening interviewee asserts that the ADCRR system assigns PV, KV, PA, KA classifications and those with none of these statuses, to each initial and reassessment screening. Victims and aggressors are not housed in the same cell. Housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns.

The CMO Office is staffed across two shifts and housing assignments are based on the aforementioned risk assessment. The CMO states that system is reviewed by the the

intake officer for any historical sexual abuse/victimization information to assist with temporary bed assignments. Pursuant to the auditor's observations during the facility tour, program and work assignments are supervised by staff.

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

115.42(c)

The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.

Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

115.15(e);

115.31(a)(9);

115.41(d)(7);

115.42(c) through (g); and

115.86(d)(2).

In view of the above, standard provision 115.42(c) is not considered in the auditor's analysis.

115.42(d)

The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.

Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

115.15(e);

115.31(a)(9);

115.41(d)(7);

115.42(c) through (g); and

115.86(d)(2).

In view of the above, standard provision 115.42(d) is not considered in the auditor's analysis.

115.42(e)

The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.

Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

115.15(e);

115.31(a)(9);

115.41(d)(7);

115.42(c) through (g); and

115.86(d)(2).

In view of the above, standard provision 115.42(e) is not considered in the auditor's analysis.

115.42(f)

The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.

Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

115.15(e);

115.31(a)(9);

	<p>115.41(d)(7);</p> <p>115.42(c) through (g); and</p> <p>115.86(d)(2).</p> <p>In view of the above, standard provision 115.42(f) is not considered in the auditor's analysis.</p> <p>115.42(g)</p> <p>The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.</p> <p>Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:</p> <p>115.15(e);</p> <p>115.31(a)(9);</p> <p>115.41(d)(7);</p> <p>115.42(c) through (g); and</p> <p>115.86(d)(2).</p> <p>In view of the above, standard provision 115.42(g) is not considered in the auditor's analysis.</p> <p>In view of the absence of adverse findings with respect to the above provisions, the auditor finds LPCC substantially compliant with 115.42.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.43(a)

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

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 12, section 6(a), addresses 115.43(a). Additionally, CC Policy 10-1 entitled Special Management/Restrictive Housing Unit Management, pages 19, section E(2) and E(2)(a) addresses 115.43(a).

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

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

115.43(b)

CC Policy 10-1 entitled Special Management/Restrictive Housing Unit Management, page 20, section E(6)(a-c) addresses 115.43(b).

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

The staff who supervises inmates in segregated housing interviewee states that inmates would not be placed in RHU pursuant to 115.43(a) provisions. If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs (religious services staff visit RHU and can provide reading materials, etc. to inmates, education staff visit RHU, the librarian exchanges books, and inmates receive five hours of recreation per week);

Privileges (telephone and commissary are available to inmates);

Education (inmates can request access to educational materials); and

Work opportunities (zero RHU inmates are selected as porters or orderlies as the

same are selected from general population inmates).

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Watch Log or Confinement Record pertaining to the affected inmate. The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the Watch Log.

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

115.43(c)

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

CC Policy 10-2 entitled Special Management/Restrictive Housing Unit Management, page 19, section E(3) addresses 115.43(c).

The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same were to occur, the longest placement under such circumstances would be limited to the time necessary to evaluate a safe situation, generally no longer than seven days. Attempted placement is targeted within 24 hours.

The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He states that he believes that maximum placement under such circumstances is less than one month.

As previously mentioned, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.

In view of the above, the auditor finds LPCC substantially compliant with 115.43(c).

115.43(d)

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged. Pursuant to the auditor's review of PAQ materials, he finds this information would be documented on the Confinement Record.

As previously indicated in the narrative for 115.43(a), the Warden self reports zero

	<p>inmates at risk for sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.</p> <p>Pursuant to random review of sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.</p> <p>CC Policy 10-2 entitled Special Management/Restrictive Housing Unit Management, page 19, section E(4) addresses 115.43(d). The auditor finds that the 115.43(d) process is in place should the need arise.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.43(d).</p> <p>115.43(e)</p> <p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CC Policy 10-2 entitled Special Management/Restrictive Housing Unit Management, page 20, section E(5) addresses 115.43(e).</p> <p>The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>As previously mentioned, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.43(e).</p> <p>Accordingly, the auditor finds LPCC substantially compliant with 115.43.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials</p>

about:

Sexual abuse or sexual harassment;

Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment of inmates; and

Staff neglect or violation of responsibilities that may have contributed to such incidents.

Reporting options, as articulated in the LPCC Inmate Handbook and researched during pre-audit review of materials uploaded into OAS, include the following:

Internal Sexual Assault Hotline: PREA (7734);

Verbal report to any staff member;

Submit a report to meet with medical staff or mental health staff or report to Medical during sick call;

Forward a letter, sealed and marked "confidential" to the Warden or facility investigator;

Submit a report to a third party who can subsequently report the information to facility staff;

Contact the PCM;

Electronically report the incident utilizing the tablet; and

Submit a letter to ADCRR Inspector General (IG) Bureau.

The auditor's review of documentation submitted in OAS reveals that LPCC inmates can access electronic tablets to order commissary, submit electronic emergency grievances, etc. Accordingly, sexual abuse/harassment reports may be reported via electronic tablet. Explicit instructions are articulated in the LPCC Handbook regarding assurance of confidentiality when utilizing the tablets.

According to the PCM, outgoing mail is not opened unless suspicious circumstances are existent. If irregularities are noted with respect to the outgoing envelope, inclusive of a peculiar address/the envelope appears to be stuffed with unknown object(s)/substance(s), etc. the envelope may be opened following a clearance process. Outgoing envelopes addressed to the Arizona Department of Juvenile Corrections would not be opened. This address pertains to a non-CC/non-customer recipient of sexual abuse/harassment reports [115.33(a) and 115.51(b)].

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 15, section K(1)(a and b)(i-vii) addresses 115.51(a).

The auditor's review of a memorandum poster reflects that reports of sexual abuse or sexual harassment to an agency that is not part of CoreCivic or ADCRR can be written

to the following address:

Arizona Department of Juvenile Corrections. P.O. Box 18292, Phoenix, AZ. 85005

Of note, this greatly enlarged memorandum poster is posted at a height not accessible to inmates and the same was present in each housing unit and pod. Clearly, inmates are afforded the materials necessary for them to properly report sexual abuse/harassment as articulated in 115.51.

The auditor did test the "7734" number on November 11, 2025 from an inmate telephone in Pima B pod and the test call was successful. A pin number or inmate number was not required to place the call. The auditor left a voicemail message following a prompt, advising of the test call.

All 12 random staff interviewees were able to cite at least one method for inmates to report sexual abuse/harassment, retaliation, and staff neglect or violation of responsibilities at LPCC. Specifically, inmates can report via verbal report(s) to staff, submission of a written report, reporting via the LPCC PREA Hotline (7734), and report on the tablet.

Seventeen of 20 random inmate interviewees were able to cite at least one method of reporting sexual abuse/harassment at LPCC, while one interviewee stated he would not report and two other interviewees could not cite any reporting options. Methods of reporting cited are as follows:

Hotline;

Verbal report to staff;

Third party;

Written;

Tablet; and

Writing to the Arizona Department of Juvenile Corrections.

In view of the above, the auditor finds LPCC substantially compliant with 115.51(a).

115.51(b)

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The Warden further self reports the agency has a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security however, such inmates are not housed at LPCC. The CCPC and PCM assert that zero ICE inmates, housed solely for civil immigration purposes, are confined at LPCC.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, pages 15 and 16, section K(1)(d) addresses 115.51(b).

Seventeen of 20 random inmate interviewees were able to cite at least one method of reporting sexual abuse/harassment at LPCC, while one interviewee stated he would not report and two other interviewees could not cite any reporting options. Methods of reporting cited are as follows:

Hotline;

Verbal report to staff;

Third party;

Written;

Tablet; and

Writing to the Arizona Department of Juvenile Corrections.

Eleven of 20 random inmate interviewees assert they are allowed to make a report without giving their name.

According to the LPCC PCM, inmates can submit a written report to the Arizona Department of Juvenile Corrections to report a sexual abuse/harassment incident pursuant to 115.51(b). The envelope is not opened, searched, and read. Locked mailboxes are located in each of the eight unit rotunda areas. Mail Room staff pick up the mail Monday through Friday and process the same. Arizona Department of Juvenile Corrections officials subsequently report any allegation(s) to ADCRR and they, in turn, report the incident(s) to the LPCC Warden.

The auditor's review of the aforementioned enlarged poster reflects that reports of sexual abuse or sexual harassment to an agency that is not part of CoreCivic or ADCRR can be written to the following address:

Arizona Department of Juvenile Corrections. P.O. Box 18292, Phoenix, AZ. 85005

The auditor notes that the same information is included in the LPCC Inmate Handbook and all information is congruent across educational mediums.

In view of the above, the auditor finds LPCC substantially compliant with 115.51(b).

115.51(c)

Pursuant to the PAQ, the Warden self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Warden further self reports staff are required to document verbal reports of sexual abuse/harassment received from inmates promptly subsequent to receipt of the same.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 16, section K(2)(b) addresses 115.51(c).

All 12 random staff interviewees state that when an inmate alleges sexual abuse or sexual harassment, he/she can do so verbally, in writing, anonymously, and from third parties. Similarly, all 12 random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

Seventeen of 20 random inmate interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing. Ten of 20 random inmate interviewees state that someone else can make a report for them without mentioning their name.

The auditor notes that he did inform inmates, who did not know specific information, regarding anonymous reporting.

In view of the above, the auditor finds LPCC substantially compliant with 115.51(c).

115.51(d)

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Staff are informed of these procedures by virtue of Ethics Line poster(s) and inservice training.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 16, section K(2)(h) addresses 115.51(d).

All 12 random staff interviewees state staff can privately report sexual abuse and sexual harassment by any of the following methods:

Submission of a written report to the Warden/PCM/ADO/supervisory staff;

Closed door verbal report(s) to the same staff;

Telephone call to supervisor;

Call Ethics Hotline;

Call "7734" Hotline; and

Written report to supervisor.

In view of the above, the auditor finds LPCC substantially compliant with 115.51(d).

In view of the lack of adverse findings regarding any of the 115.51 requirements, the auditor finds LPCC substantially compliant with 115.51.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52(a-g)</p> <p>Pursuant to the PAQ, the Warden self reports the agency does have an administrative procedure for dealing with inmate grievances regarding sexual abuse. However, as reflected in the following policy citation, there is both a policy and a practice in terms of processing sexual abuse reports.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 16, section K(1)(f)(i and ii) addresses 115.52. All sexual abuse/harassment issues submitted as a grievance are immediately forwarded to the facility investigator or ado (ADO) for investigation pursuant to this policy.</p> <p>ADCRR DO 125 entitled Sexual Offense Reporting, page 7, section 4.4.1.5 addresses 115.52. The latter policy provision clearly substantiates the aforementioned CC policy in terms of treatment of all sexual abuse/harassment allegations pursuant to investigation.</p> <p>In response to a letter received from an LPCC inmate regarding strip searches in conjunction with mass shakedowns, the auditor did interview the individual. While the inmate filed grievances regarding this issue, the grievance coordinator (GC) did not recognize the issue as a PREA matter and the auditor concurs with her finding. Accordingly, the matter was not referred for investigation as a sexual abuse/harassment incident. Rather, this security protocol matter was addressed in a grievance response.</p> <p>The auditor finds LPCC substantially compliant with both policy and procedure.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with the intent of 115.52.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:</p>

Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape crisis organizations;

Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and

Enabling reasonable communication between inmates and these organizations in as confidential manner as possible.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 8. section F(1 and 2) addresses 115.53(a). Pursuant to controlling policy, 115.53(a) victim advocacy services are available through Southern Arizona Center Against Sexual Assault (SACASA). Confidential emotional support services (VA services) are provided through a hotline as required by 115.53(a).

The auditor's review of the LPCC Handbook and poster reveals that SACASA is a recognized emotional support service pursuant to 115.53(a). The SACASA telephone number, as well as, address is clearly reflected in the LPCC Handbook, as well as, the poster hung in all units and pods.

The auditor notes that within the LPCC Handbook, readers are directed to contact a member of their unit team to facilitate a telephone call to SACASA. Thus, the telephone call is generally unmonitored, free of charge, and not recorded.

On November 18, 2025 at 9:18AM, the auditor tested the telephone number reflected within the aforementioned poster and LPCC Inmate Handbook to test the SACASA line. The test call was made from the auditor's cell phone although staff telephone lines were noted to be operational throughout the onsite visit. The auditor also notes that such calls can be made from staff cell phones. This test was considered successful as the auditor conversed with a VA.

The responding VA stated that she provides verbal information regarding coping skills, agencies who may provide further assistance, etc. to any callers who access this crisis line. She further stated that any information regarding the alleged sexual abuse, taking into account the caller's request for anonymity, would be provided to the facility investigator.

One of the inmates who reported a sexual abuse incident at LPCC (three sexual abuse reports and two sexual harassment) states the facility does provide information (addresses and telephone numbers) regarding community provider(s) who provide victim advocacy services to assist victims with sexual abuse trauma. He stated that the information is available on posters and the tablet. The other two interviewees state that the facility does not provide information (addresses and telephone numbers) regarding community provider(s) who provide victim advocacy services to assist victims with sexual abuse trauma. Therefore, they could not identify the name(s) of such services. All three interviewees state they do not know whether the

subject-matter of such contacts is confidential or whether there are any exceptions to the confidentiality rule.

Thirteen of the 20 random inmate interviewees state there are services available outside of the facility for dealing with sexual abuse, if needed. Eighteen interviewees also state that they cannot name any of the outside services available to provide emotional support services. Other interviewees cited the Eloy Police Department and counseling as potential services.

Ten of the 20 random inmate interviewees state the facility does provide mailing addresses and telephone numbers for such outside services pursuant to the LPCC Inmate Handbook, poster(s), tablet(s), and asking staff while seven interviewees did not know. The auditor notes that only three interviewees state the facility does not provide mailing addresses and telephone numbers for the outside services. Ten of the 20 random inmate interviewees state that telephone numbers are free to call while six interviewees state they do not know whether such calls would be free of charge.

When questioned as to when they could talk to staff from the outside service(s), two of 20 interviewees state such contact can be made with staff assistance, six state the calls can be made anytime, five state the calls can be made pursuant to staff availability, and seven interviewees did not know when the calls can be made.

In view of the above, the auditor finds LPCC substantially compliant with 115.53(a).

115.53(b)

Pursuant to the PAQ, the Warden self reports the facility informs inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored. According to the LPCC Inmate Handbook, language reflects that telephone calls to SACASA are not monitored or recorded. The Warden further self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 8, section F(3 and 4a) addresses 115.53(b).

The auditor's review of the CC tri-fold brochure entitled Prevent. Detect. Respond., section entitled Confidentiality, addresses 115.53(b). Each inmate receives a copy of the same at intake. The auditor notes that all inmates have the opportunity to be aware of 115.53(b) entitlements and requirements, as reflected above.

Seventeen of the 20 random inmate interviewees state that what they say to staff from these services remains private and eight of 20 interviewees state that there are no exceptions to this privacy expectation while three interviewees stated they did not

	<p>know. Six interviewees state there would be exceptions to the privacy expectation when criminal activity, someone is in danger, child molestation, or reports of self-injurious behavior are discussed with staff from the outside services.</p> <p>Three interviewees who reported sexual abuse/harassment at LPCC stated that the subject-matter of such contacts with outside support services VAs is confidential and one of the three interviewees states there are no exceptions to the confidentiality rule. One of the three interviewees states that there is an exception to the confidentiality rule when the inmate asserts self injurious behavior. One interviewee also states that he didn't know if there is an exception to the confidentiality rule.</p> <p>Given the evidence provided to LPCC inmates during intake, it is clear that they have the capability to be educated regarding 115.53(b) requirements.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.53(b).</p> <p>115.53(c)</p> <p>Pursuant to the PAQ, the Warden self reports the facility maintains a Memorandum of Understanding (MOU) or other agreement with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains a copy of the agreement.</p> <p>Pursuant to interview with the Director of SACASA, the auditor finds that they do not individually track telephone calls received from inmates confined at LPCC but rather, they track all calls received from inmates confined at the three Eloy facilities. When calls are received, some do not pertain to a sexual abuse matter but rather, other conditions of confinement issues.</p> <p>The auditor's review of an MOU between CC and SACASA reveals the same does address provision of emotional support services related to post sexual abuse incidents. Accordingly, the auditor finds LPCC compliant with 115.53(c).</p> <p>In view of the lack of findings as noted above, the auditor finds LPCC substantially compliant with 115.53.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency or facility provides a method</p>

to receive third-party reports of inmate sexual abuse or sexual harassment. The Warden further self reports the same can be accomplished through submission of a letter to the facility or Facility Support Center (FSC), Ethics Line advertised on the CC and LPCC public website, Ethics Line poster hung in the facility entrance, and telephone calls to staff/Warden/FSC.

Pursuant to the auditor's review of the CC website, any inmate or third-party reporter of sexual abuse/sexual harassment may report anonymously to the Warden (via letter or telephone). The facility address, telephone number, and name of the Warden are clearly documented on the website. Reports can also be reported on-line to the CC Ethics Division.

The Warden further self reports the agency or facility distributes information to inmates regarding methods to report inmate sexual abuse or sexual harassment.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 16, section 2(h) addresses 115.54(a). This policy stipulates CC employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CC 24-hour Ethics Line at 1-800-461-9330 or through www.CoreCivic.ethicspoint.com.

On December 29, 2025 at 10:00AM, the auditor did test third-party reporting by contacting the Acting PCM at 520-464-3200. This telephone number is listed on the facility website as a third-party reporting option. The call was completed as the auditor spoke with the Acting PCM.

In view of the above, the auditor finds LPCC substantially compliant with 115.54(a). Accordingly, the auditor finds LPCC substantially compliant with 115.54.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.61(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:</p> <p>Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;</p> <p>Any retaliation against inmates or staff who reported such an incident;</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an</p>

incident or retaliation.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 16, section K(2)(a) addresses 115.61(a).

The auditor's review of 12 random alleged sexual abuse/harassment investigations that occurred during the last 12 months reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse or sexual harassment incident. Additionally, there is no evidence of staff failure to report:

Any knowledge, suspicion, or information they received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against inmates or staff who reported such an incident;

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All 12 random staff interviewees assert agency policy requires:

All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;

Retaliation against inmates or staff who reported such an incident; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All 12 interviewees state these issues must be reported immediately to their supervisor, Sgt., lieutenant (Lt.), principal shift commander, investigator, AW, or the PCM. All 12 interviewees were aware that such reports include supervisors and executive staff.

All 12 random staff interviewees state staff can privately report sexual abuse and sexual harassment by any of the following methods:

Submission of a written report to the Warden/PCM/ADO/supervisory staff;

Closed door verbal report(s) to the same staff;

Telephone call to supervisor;

Call Ethics Hotline;

Call "7734" Hotline; and

Written report to supervisor.

In view of the above, the auditor finds LPCC substantially compliant with 115.61(a).

115.61(b)

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 16, section K(2)(e) addresses 115.61(b).

All 12 random staff interviewees assert agency policy requires:

All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;

Retaliation against inmates or staff who reported such an incident; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All 12 interviewees state these issues must be reported immediately to their supervisor, Sgt., lieutenant (Lt.), principal shift commander, investigator, AW, or the PCM. All 12 interviewees were aware that such reports include supervisors and executive staff.

In view of the above, the auditor finds LPCC substantially compliant with 115.61(b).

115.61(c)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 16, section K(2)(f) addresses 115.61(c).

According to the medical (Med) and mental health (MH) interviewees, disclosure of confidentiality limitations and duty to report is provided to inmates prior to initiation of services. The Med interviewee states that informed consent is addressed with the inmate prior to administration of treatment and the same is documented in the notes.

The same is also addressed with each inmate during the intake process and the inmate signs for confidentiality limitations and duty to report. The MH interviewee states that the same is provided every time he provides services however, the same is not documented. The auditor did recommend that the same be documented.

Reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The Med and MH interviewees immediately report such incidents to the physician, health services administrator (HSA), psychologist, PCM, captain, or investigator or the highest ranking official onsite at the

time of the report. Neither the MH or Med interviewee states they have become aware of sexual abuse allegation(s) during the last 12 months at LPCC.

In view of the above, the auditor finds LPCC substantially compliant with 115.61(c).

115.61(d)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 21, section K(2)(f) addresses 115.61(d).

The Warden asserts zero inmates under the age of 18 are housed at LPCC. ADCRR officials would be contacted with respect to sexual abuse of any vulnerable adult(s) and they make further notifications.

According to the CCPC, state law dictates reporting requirements and as such, in most states, notification to law enforcement and the partner agency triggers notification to other affected agencies.

Absent any evidence to the contrary, the auditor finds LPCC substantially compliant with 115.61(d).

115.61(e)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 17, section K(2)(j) addresses 115.61(e).

The Warden asserts that the shift commander alerts him and he alerts both the PCM and investigator.

The auditor's review of the aforementioned investigations reveals that the investigator is immediately included in the loop whenever sexual abuse/harassment allegations are reported.

In view of the above, the auditor finds LPCC substantially compliant with 115.61(e).

Accordingly, the auditor finds LPCC substantially compliant with 115.61.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.62(a)

	<p>Pursuant to the PAQ, the Warden self reports when the agency or facility learns an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (e.g.. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, zero instances occurred wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 16, section K(2)(c) addresses 115.62(a).</p> <p>The Agency Head interviewee asserts immediate removal of the potential victim from the area and separation from the perpetrator is the initial response to a report of substantial risk of imminent sexual abuse. This short term action, as well as, long-term safety must be considered. An investigation, inclusive of asking the victim if he/ she feels safe would dictate subsequent steps to address the victim's sexual safety.</p> <p>The potential perpetrator would be placed in segregated housing status. The contractual requirements of the partner will dictate the ability to transfer the potential perpetrator. Minimally, we would work with on-site contract monitor(s) to make the best decision under the circumstances.</p> <p>The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. SART assesses the threat level and the matter is simultaneously investigated. The potential victim may be placed in another housing area within the facility or we could work with the respective customer jurisdiction to relocate the potential victim if circumstances dictated the same. If movement of the perpetrator is warranted, coordination with the customer, based on the contract, would be an option.</p> <p>All 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he is in imminent danger of sexual abuse.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.62.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.63(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have</p>

occurred. The Warden further self reports in the last 12 months, six allegations of sexual abuse were received at LPCC where an inmate was sexually abused while confined at another facility.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 20, section 23(a)(i) addresses 115.63(a).

The auditor's review of three of the six PAQ documented incidents of alleged sexual abuse originating at another facility reveals that the LPCC Warden did not contact the Warden at the facility at which the alleged incident occurred. In one case, evidence reflects that the inmate's verbal notification during victimization/aggressor screening occurred on September 24, 2025 and the written email notification to the Warden at the location at which the incident occurred (by the facility PREA investigator) was accomplished on September 29, 2025. Based on the investigator's email notification to the Warden at the state facility dated five days subsequent to the date of reporting, LPCC is non-compliant with 115.63(a-c). Specifically, notification was not accomplished Warden to Warden and the same was accomplished outside the 72-hour threshold for reporting.

In another case, on October 9, 2025, staff were notified of sexual abuse occurring at another facility. The investigator forwarded an email to ADCRR on October 14, 2025. This example also represents non-compliance with 115.63(a-c).

Finally, in the last of the three cases, there is no evidence of notification however, there is an email response from the receiving jurisdiction. It appears that any notification would have been forwarded from the LPCC investigator to the receiving facility investigator. Given these circumstances, the auditor cannot make a determination regarding 115.63(a-c).

The last example submitted via OAS reflects that the reporting email was forwarded Warden to Warden. However, the alleged incident was discovered on July 17, 2025 and reported to the Warden at the facility at which the alleged abuse occurred on July 21, 2025. Accordingly, the notification was marginally late pursuant to 115.63(b) requirements.

During December, 2025, one additional Warden to Warden 115.63 notification was provided via OAS. The same was effected Warden to Warden in a timely manner. Given all information provided in OAS, this latest example is reflective of total compliance with 115.63(a-c).

According to the PCM, the LPCC Warden, upon his arrival, corrected the 115.63(a) and (b) non-compliance when he commenced notifications from his office within the established timeframe. While there is evidence that corrective action has been initiated, the auditor finds that an additional period of compliance is warranted and accordingly, the auditor finds LPCC non-compliant with 115.63(a) and (b).

As previously noted, six inmates allegedly reported sexual abuse at another facility and five examples have been addressed above. One of the five incidents is recent and is representative of implemented corrective action. However, the auditor notes

that evidence regarding the last two incidents and notifications (referencing the first six examples) has not been provided. Accordingly, LPCC is non-compliant in terms of 115.63(a-c) requirements for these two incidents.

In view of the above, the auditor finds LPCC non-compliant with 115.63(a-c). Accordingly, the auditor imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is April 29, 2026 .

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate reporter states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile, private), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known. The PCM will develop a protocol as to how the information is funneled to him and who is responsible for preparation of the letter from the Warden to the Warden/ Director, etc. at the facility wherein the alleged sexual abuse allegedly occurred. Additionally, time requirements will be addressed in terms of the timeframe for referral of the notification to the PCM.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training. The PCM will ensure that all future such written notifications are signed, dated, and mailed/emailed by the Warden within 72 hours of notification by the inmate.

Between the date of this interim PREA report and April 29, 2026, the PCM will upload any 115.63(a) allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization.

In view of the above, the auditor finds LPCC non-compliant with 115.63(a).

January 14, 2026 Update:

The auditor's review of an email from the CCPC to the LPCC PCM dated January 5, 2026 reveals a protocol to ensure compliance with 115.63(a-c). The initial point of contact who receives information regarding perpetration of sexual abuse at another facility, as well as, the rationale for the standard Warden to Warden provision, method of ensuring that the information is forwarded to the appropriate authority who will write the notification for the Warden, and documentation procedures for both letter/ email notifications and verbal notifications are clearly articulated in this email. Additionally, as instructed by the CCPC, the LPCC PCM also authored an email to staff dated January 8, 2026 regarding the above.

February 9, 2026 Update:

The auditor's review of one 115.63(a)-(c) notification received since the onsite audit reveals the subject inmate reported the alleged sexual abuse on January 26, 2026 and the Acting Warden's email notification to the Acting Warden at the jail facility is dated January 28, 2026. An Acting Warden memo is included in the PAQ packet to validate the same. In view of the above, the evidence clearly reflects compliance with 115.63(a) and the auditor finds LPCC substantially compliant with 115.63(a).

115.63(b)

Pursuant to the PAQ, the Warden self reports agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 20, section 23(a)(i) addresses 115.63(b).

The auditor's review of three of the six PAQ documented incidents of alleged sexual abuse originating at another facility reveals that the LPCC Warden did not contact the Warden at the facility at which the alleged incident occurred. In one case, evidence reflects that the inmate's verbal notification during victimization/aggressor screening occurred on September 24, 2025 and the written email notification to the Warden at the location at which the incident occurred (by the facility PREA investigator) was accomplished on September 29, 2025. Based on the investigator's email notification to the Warden at the state facility dated five days subsequent to the date of reporting, LPCC is non-compliant with 115.63(a-c). Specifically, notification was not accomplished Warden to Warden and the same was accomplished outside the 72-hour threshold for reporting.

In another case, on October 9, 2025, staff were notified of sexual abuse occurring at another facility. The investigator forwarded an email to ADCRR on October 14, 2025. This example also represents non-compliance with 115.63(a-c).

Finally, in the last of the three cases, there is no evidence of notification however, there is an email response from the receiving jurisdiction. It appears that any notification would have been forwarded from the LPCC investigator to the receiving facility investigator. Given these circumstances, the auditor cannot make a determination regarding 115.63(a-c).

The last example submitted via OAS reflects that the reporting email was forwarded Warden to Warden. However, the alleged incident was discovered on July 17, 2025 and reported to the Warden at the facility at which the alleged abuse occurred on July 21, 2025. Accordingly, the notification was marginally late pursuant to 115.63(b) requirements.

During December, 2025, one additional Warden to Warden 115.63 notification was

provided via OAS. The same was effected Warden to Warden in a timely manner. Given all information provided in OAS, this latest example is reflective of total compliance with 115.63(a-c).

According to the PCM, the LPCC Warden, upon his arrival, corrected the 115.63(a) and (b) non-compliance when he commenced notifications from his office within the established timeframe. While there is evidence that corrective action has been initiated, the auditor finds that an additional period of compliance is warranted and accordingly, the auditor finds LPCC non-compliant with 115.63(a) and (b).

As previously noted, six inmates allegedly reported sexual abuse at another facility and five examples have been addressed above. One of the five incidents is recent and is representative of implemented corrective action. However, the auditor notes that evidence regarding the last two incidents and notifications (referencing the first six examples) has not been provided. Accordingly, LPCC is non-compliant in terms of 115.63(a-c) requirements for these two incidents.

In view of the above, the auditor finds LPCC non-compliant with 115.63(a-c).

Accordingly, the auditor imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements.

The corrective action due date is April 29, 2026 .

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate reporter states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile, private), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known.

The PCM will develop a protocol as to how the information is funneled to him and who is responsible for preparation of the letter from the Warden to the Warden/ Director, etc. at the facility wherein the alleged sexual abuse allegedly occurred.

Additionally, time requirements will be addressed in terms of the timeframe for referral of the notification to the PCM.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS.

Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training. The PCM will ensure that all future such written notifications are signed, dated, and mailed/emailed by the Warden within 72 hours of notification by the inmate.

Between the date of this interim PREA report and April 29, 2026, the PCM will upload any 115.63(a) allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization.

In view of the above, the auditor finds LPCC non-compliant with 115.63(b).

January 14, 2026 Update:

The auditor's review of an email from the CCPC to the LPCC PCM dated January 5, 2026 reveals a protocol to ensure compliance with 115.63(a-c). The initial point of contact who received information regarding perpetration of sexual abuse at another facility, as well as, the rationale for the standard Warden to Warden provision, method of ensuring that the information is forwarded to the appropriate authority who will write the notification for the Warden, and documentation procedures for both letter/ email notifications and verbal notifications are clearly articulated in this email.

Additionally, as instructed by the CCPC, the LPCC PCM also authored an email to staff dated January 8, 2026 regarding the above.

February 9, 2026 Update:

The auditor's review of one 116.63(a)-(c) notification received since the onsite audit reveals the subject inmate reported the alleged sexual abuse on January 26, 2026 and the Acting Warden's email notification to the Acting Warden at the jail facility is dated January 28, 2026. An Acting Warden memo is included in the PAQ packet to validate the same. In view of the above, the evidence clearly reflects compliance with 115.63(b) and the auditor finds LPCC substantially compliant with 115.63(b).

115.63(c)

Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 21, section 23(a)(iii) addresses 115.63(c).

The auditor's review of three of the six PAQ documented incidents of alleged sexual abuse originating at another facility reveals that the LPCC Warden did not contact the Warden at the facility at which the alleged incident occurred. In one case, evidence reflects that the inmate's verbal notification during victimization/aggressor screening occurred on September 24, 2025 and the written email notification to the Warden at the location at which the incident occurred (by the facility PREA investigator) was accomplished on September 29, 2025. Based on the investigator's email notification to the Warden at the state facility dated five days subsequent to the date of reporting, LPCC is non-compliant with 115.63(a-c). Specifically, notification was not accomplished Warden to Warden and the same was accomplished outside the 72-hour threshold for reporting.

In another case, on October 9, 2025, staff were notified of sexual abuse occurring at another facility. The investigator forwarded an email to ADCRR on October 14, 2025. This example also represents non-compliance with 115.63(a-c).

Finally, in the last of the three cases, there is no evidence of notification however, there is an email response from the receiving jurisdiction. It appears that any notification would have been forwarded from the LPCC investigator to the receiving facility investigator. Given these circumstances, the auditor cannot make a determination regarding 115.63(a-c).

The last example submitted via OAS reflects that the reporting email was forwarded Warden to Warden. However, the alleged incident was discovered on July 17, 2025 and reported to the Warden at the facility at which the alleged abuse occurred on July 21, 2025. Accordingly, the notification was marginally late pursuant to 115.63(b) requirements.

During December, 2025, one additional Warden to Warden 115.63 notification was provided via OAS. The same was effected Warden to Warden in a timely manner. Given all information provided in OAS, this latest example is reflective of total compliance with 115.63(a-c).

According to the PCM, the LPCC Warden, upon his arrival, corrected the 115.63(a) and (b) non-compliance when he commenced notifications from his office within the established timeframe. While there is evidence that corrective action has been initiated, the auditor finds that an additional period of compliance is warranted and accordingly, the auditor finds LPCC non-compliant with 115.63(a) and (b).

As previously noted, six inmates allegedly reported sexual abuse at another facility and five examples have been addressed above. One of the five incidents is recent and is representative of implemented corrective action. However, the auditor notes that evidence regarding the last two incidents and notifications (referencing the first six examples) has not been provided. Accordingly, LPCC is non-compliant in terms of 115.63(a-c) requirements for these two incidents.

In view of the above, the auditor finds LPCC non-compliant with 115.63(a-c).

Accordingly, the auditor imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements.

The corrective action due date is April 29, 2026 .

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate reporter states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile, private), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known.

The PCM will develop a protocol as to how the information is funneled to him and who is responsible for preparation of the letter from the Warden to the Warden/ Director, etc. at the facility wherein the alleged sexual abuse allegedly occurred.

Additionally, time requirements will be addressed in terms of the timeframe for referral of the notification to the PCM.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder

attendance at and completion of the training. The PCM will ensure that all future such written notifications are signed, dated, and mailed/emailed by the Warden within 72 hours of notification by the inmate.

Between the date of this interim PREA report and April 29, 2026, the PCM will upload any 115.63(a) allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization.

In view of the above, the auditor finds LPCC non-compliant with 115.63(c).

January 14, 2026 Update:

The auditor's review of an email from the CCPC to the LPCC PCM dated January 5, 2026 reveals a protocol to ensure compliance with 115.63(a-c). The initial point of contact who received information regarding perpetration of sexual abuse at another facility, as well as, the rationale for the standard Warden to Warden provision, method of ensuring that the information is forwarded to the appropriate authority who will write the notification for the Warden, and documentation procedures for both letter/ email notifications and verbal notifications are clearly articulated in this email.

Additionally, as instructed by the CCPC, the LPCC PCM also authored an email to staff dated January 8, 2026 regarding the above.

February 9, 2026 Update:

The auditor's review of one 116.63(a)-(c) notification received since the onsite audit reveals the subject inmate reported the alleged sexual abuse on January 26, 2026 and the Acting Warden's email notification to the Acting Warden at the jail facility is dated January 28, 2026. An Acting Warden memo is included in the PAQ packet to validate the same. In view of the above, the evidence clearly reflects compliance with 115.63(c) and the auditor finds LPCC substantially compliant with 115.63(c).

115.63(d)

Pursuant to the PAQ, the Warden self reports LPCC requires that allegations received from other facilities/agencies regarding sexual abuse incidents which originated at LPCC are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, one allegation of sexual abuse was received from another facility regarding an incident alleged to have originated at LPCC. The auditor's review of the same investigation reveals substantial compliance with 115.63(d).

	<p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 21, section 23(b)(i-iii) addresses 115.63(d).</p> <p>The Agency Head interviewee asserts that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden or designee is generally the administrator who receives the call or notification letter. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden for appropriate action. The report is then added into the incident reporting system and PREA protocols are initiated.</p> <p>The Warden subsequently refers the matter to the investigator for a full investigation. Protocols for first responders and SART are initiated.</p> <p>The Warden asserts a full investigation is initiated by the facility investigator in such scenarios. The Warden further asserts that as far as he is aware, zero such reports were received at LPCC since he has assumed duties at LPCC in May or June, 2025.</p> <p>Accordingly, the auditor finds LPCC substantially compliant with 115.63(d).</p> <p>In view of the findings and corrective action articulated in the narratives for 115.63(a-c), the auditor now finds LPCC substantially compliant with 115.63.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64(a)</p> <p>Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report:</p> <p>Separates the alleged victim and abuser;</p> <p>Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence;</p> <p>If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</p>

If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report will ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The Warden further self reports that in the last 12 months, 26 allegations of inmate sexual abuse have been reported wherein the majority of first responder steps were employed. In seven of these cases, the first security staff member to respond to the report separated the alleged victim and abuser. In six of these cases, staff were notified within a time period that still allowed for the collection of physical evidence. In the past 12 months when staff were notified within a time period that still allowed for the collection of physical evidence, the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence in four cases. Finally, in two of these cases, the responding staff member requested that the victim and ensured that the perpetrator not destroy physical evidence as described above.

The auditor's review of one of three PAQ sexual abuse investigations completed during the last 12 months reveals that responding staff requested that the victim not destroy physical evidence and ensured that the perpetrator did not destroy physical evidence as articulated above.

The auditor's review of nine random sexual abuse investigations completed during the last 18 months reveals no conflict with the first responder duties as articulated. The same is validated pursuant to review of ancillary documentation such as the Sexual Abuse Check Sheet and Sexual Abuse Incident Report (SAIR) in some cases.

In addition to the above, the auditor's review of two investigations (one inmate-on-inmate sexual abuse and one staff-on-inmate sexual harassment) reveals that pursuant to protocol, the staff member involved in the sexual harassment case was automatically placed on no-contact status and accordingly, preservation of physical evidence was not at issue. In the inmate-on-inmate sexual abuse case, the alleged perpetrator was unknown. Based on the fact pattern, there was no basis for preservation of physical evidence as penetration, or even touching of genitalia, was not reported.

Of note, the Sexual Abuse Check Sheet captures various events and elements associated with the sexual abuse resolution protocol, inclusive of the completion of 115.64(a) action steps. Completion dates and times are noted on the form.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 18, sections 2(a-d), (3), (5) and (6) address 115.64(a).

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is

secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted that 13 interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

With respect to the five inmates who stated they were subject to sexual abuse at LPCC, the fact pattern in two cases was clearly sexual harassment. In another case, the alleged incident of sexual abuse occurred two years prior to the report and the interviewee refused to talk about the same with the auditor. In the second case (also sexual abuse), the victim alleged that the perpetrator made comments about his buttocks and subsequently grabbed the same. The investigator did interview him and there was immediate staff intervention. The third sexual abuse reporter states that strip searches prior to unit searches violates PREA regulations (apparently voyeurism). She was interviewed within one to two days of filing a grievance regarding her concern. Accordingly, the auditor finds that staff were responsive to allegations of sexual abuse.

In view of the above, the auditor finds LPCC substantially compliant with 115.64(a).

115.64(b)

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the first responder shall be required to:

Request the alleged victim not take any actions that could destroy physical evidence;
and

Notify security staff.

The Warden further self reports that, of the allegations made that an inmate was sexually abused within the last 12 months, non-security staff members were the first responders on seven occasions. On two of these occasions, the responding staff member requested that the victim not destroy physical evidence and on all seven occasions, the responding non-security staff member reported the incident to security staff (supervisory).

The auditor's review of the two investigations wherein first responders were non-security staff and they allegedly requested the victim not destroy physical evidence reveals zero deficiencies with respect to 115.64(b) expectations.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 18 section 3 addresses 115.64(b).

Of note, all LPCC staff receive the same 1st responder training and accordingly, all staff are trained as security staff 1st responders.

In view of the above, the auditor finds LPCC substantially compliant with 115.64(b).

	Accordingly, the auditor finds LPCC substantially compliant with 115.64.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 17, sections L through S addresses 115.65(a). CoreCivic (CC) Policy 13-79 entitled Sexual Assault Response, pages 2-5, sections B-D also addresses 115.65(a).</p> <p>The auditor's review of the LPCC PREA Coordinated Response Plan, as scripted in the above policies and unique to LPCC, reveals a detailed and understandable document available to all staff. Additionally, the auditor's review of the accompanying Sexual Abuse Incident Check Sheet reveals a chronological aid the designated stakeholder completes to memorialize events and actions that were taken in response to the allegation(s)/incident(s).</p> <p>The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts the above policies capture specific coordinated response procedures unique to LPCC. The SART team and its functions are clearly articulated in these documents.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.65.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.66(a)

	<p>Pursuant to the PAQ, the Warden self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has dissolved their collective bargaining agreement with LPCC correctional officers (COs). This is established pursuant to an email from the Warden to all LPCC COs dated September 10, 2025.</p> <p>The Agency Head interviewee asserts that CC, as an agency, has entered into and/or renewed collective bargaining agreements since August 20, 2012. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or disciplinary action. Affected staff can be placed on administrative leave or in a non-contact post.</p> <p>As the auditor finds no deviation from standard, he finds LPCC substantially compliant with 115.66.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The assistant unit manager security (AUMS) monitors inmate victims or potential victims of sexual abuse/retaliation while an AW monitors staff victims or potential victims of sexual abuse.</p> <p>The auditor notes that specialized retaliation monitoring training was provided to the AUMS on August 21, 2025.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 20, sections iii and iv addresses 115.67(a).</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.67(a).</p>
	<p>115.67(b)</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 20, section iii addresses 115.67(b).</p> <p>According to the Agency Head interviewee, for both inmates and staff who have</p>

reported allegations of sexual abuse, monitoring is provided for a 30/60/90 day period (longer, if needed) to protect against retaliation by inmates or staff. These reviews are documented on a policy attachment.

The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, etc. for staff. These reviews occur for victims of sexual abuse. Perpetrators are normally transferred and probation/parole officials are notified.

Policies and practices prohibit retaliation for any reason and this premise is included in staff training. Any violations are acted upon accordingly.

The retaliation monitoring interviewee states that she receives notification of an incident of sexual abuse from the investigator. She immediately checks the system to ensure the victim and perpetrator are not housed together. She may move the victim to another pod or unit and she works with the PCM to move the perpetrator to another facility, if necessary. Movement history and disciplinary records are checked to guard against the perception of retaliation by staff.

She offers increased mental health services to inmate sexual abuse victims and those inmates who may be subject to retaliation from inmates and staff for reporting sexual abuse of an inmate or cooperated in an investigation of sexual abuse. She closely monitors staff and inmate actions to determine the likelihood of retaliation.

The retaliation monitor interviewee states that she ensures the perpetrator, if known, is housed in the Restricted Housing Unit (RHU).

As soon as she is notified of sexual abuse victimization or any retaliation needs associated with a report of inmate sexual abuse, she reaches out to the victim(s) of the same. If appropriate, the AW who monitors retaliation against staff may recommend that staff are offered emotional support via the Employee Assistance Program (EAP), if appropriate.

With respect to staff, the AW assigned staff retaliation monitoring duties may order shift/assignment changes, as well as, recommending transfer to another CC facility as acceptable strategies to circumvent retaliation. The auditor notes that the Warden concurs with the above strategies and he did not wish to add any additional information.

Retaliation monitoring meetings are facilitated for at least 90 days. The interviewee was aware of documentation requirements on the 14-2D form.

As previously mentioned in the narrative for 115.43, zero inmates were housed in RHU as the result of risk of sexual victimization or being the subject of sexual victimization, during the onsite visit. Two of the three inmate interviewees who reported a sexual abuse incident at LPCC state they do feel safe and free from retaliation following their report of a sexual abuse incident.

The auditor's review of the investigations relative to their allegations reveals one investigation was determined to be unfounded and the second case reveals

completion of 115.67 retaliation monitoring. Accordingly, the auditor finds substantial 115.67 compliance with one matter while the other is not applicable to LPCC. With respect to the third applicable sexual abuse case, the victim was not housed at LPCC and accordingly, retaliation monitoring is not applicable.

The auditor's review of two additional applicable investigations reveals that 115,63 retaliation monitoring was successfully completed in one of two investigations. Accordingly, given the above, compliance is established in two of three applicable cases.

Two of the fact patterns associated with interviewees constitute sexual harassment and accordingly, they are not subject to 115.67(c) and (d) consideration. With respect to the three interviewees who reported sexual abuse incidents at LPCC, investigations reveal that protective measures were implemented to separate them from the perpetrators, inclusive of, in one case, self imposed placement in the RHU. In another case, the victim was placed in another housing unit while the alleged perpetrator was placed in RHU. This information is reflected in the investigative packets uploaded into OAS.

In view of the above, the auditor finds LPCC substantially compliant with 115.67(b).

115.67(c)

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary. As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred during the last 12 months.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 20, sections vi, viii, ix, and x addresses 115.67(c).

As previously mentioned in the narrative for 115.43, zero inmates were housed in RHU as the result of risk of sexual victimization or being the subject of sexual victimization, during the onsite visit. Two of the three inmate interviewees who reported a sexual abuse incident at LPCC state they do feel safe and free from retaliation following their report of a sexual harassment incident.

The auditor's review of the investigations relative to their allegations reveals one investigation was determined to be unfounded and the second case reveals completion of 115.67 retaliation monitoring. Accordingly, the auditor finds substantial 115.67 compliance with one matter while the other is not applicable to LPCC. With respect to the third applicable sexual abuse case, the victim was not housed at LPCC and accordingly, retaliation monitoring is not applicable.

The auditor's review of two additional applicable investigations reveals that 115.63 retaliation monitoring was successfully completed in one of two investigations. Accordingly, given the above, compliance is established in two of three applicable cases.

The retaliation monitoring interviewee states that in regard to inmate victims of retaliation, changes in behavior, changes in staff and inmate associations, hygiene decompensation, abnormal loss/gain of weight, continual programming changes, avoidance and isolation, and increase in disciplinary reports are some key indicators of retaliation. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

The interviewee also asserts retaliation monitoring is facilitated for a minimum of 90 days with check-ins. Retaliation monitoring may continue until the inmate departs the facility, if necessary.

In view of the above, the auditor finds LPCC substantially compliant with 115.67(c).

115.67(d)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 23, section iii addresses 115.67(d).

As previously mentioned in the narrative for 115.43, zero inmates were housed in RHU as the result of risk of sexual victimization or being the subject of sexual victimization, during the onsite visit. Two of the three inmate interviewees who reported a sexual abuse incident at LPCC state they do feel safe and free from retaliation following their report of a sexual harassment incident.

The auditor's review of the investigations relative to their allegations reveals one investigation was determined to be unfounded and the second case reveals completion of 115.67 retaliation monitoring. Accordingly, the auditor finds substantial 115.67 compliance with one matter while the other is not applicable to LPCC. With respect to the third applicable sexual abuse case, the victim was not housed at LPCC and accordingly, retaliation monitoring is not applicable.

The auditor's review of two additional applicable investigations reveals that 115.63 retaliation monitoring was successfully completed in one of two investigations. Accordingly, given the above, compliance is established in two of three applicable cases.

In view of the above, the auditor finds LPCC substantially compliant with 115.67(d).

115.67(e)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 20, section xiii addresses 115.67(e).

When a staff or inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he or she receives the same benefits and treatment as articulated in the narratives for 115.67(b), (c), and (d) above. A separate investigation regarding the alleged retaliation is initiated and completed to determine the root cause of the retaliation and corrective strategies. The retaliation policy, as well as, the Code of Ethics, outlines expectations and consequences for retaliation (whether related to PREA concerns or not).

The Warden essentially reiterates the statement of the retaliation monitoring interviewee stating that she receives notification of an incident of sexual abuse from the investigator. She (retaliation monitoring interviewee) immediately checks the system to ensure the victim and perpetrator are not housed together. She may move the victim to another pod or unit and she works with the PCM to move the perpetrator to another facility, if necessary. Movement history and disciplinary records are checked to guard against the perception of retaliation by staff.

Furthermore, the retaliation monitor interviewee offers increased mental health services to inmate sexual abuse victims and those inmates who may be subject to retaliation from inmates and staff for reporting sexual abuse of an inmate or cooperated in an investigation of sexual abuse. She closely monitors staff and inmate actions to determine the likelihood of retaliation.

The Warden finally states that the retaliation monitor interviewee ensures the perpetrator, if known, is housed in the Restricted Housing Unit (RHU).

As soon as she is notified of sexual abuse victimization or any retaliation needs associated with a report of inmate sexual abuse, she reaches out to the victim(s) of the same. If appropriate, the AW who monitors retaliation against staff may recommend that staff are offered emotional support via the Employee Assistance Program (EAP), if appropriate.

With respect to "red flags" associated with inmate victims of sexual abuse, the Warden asserts that changes in behavior, changes in associations with staff and/or inmates, hygiene decompensation, abnormal loss/gain of weight, continual programming changes, avoidance and isolation, and increase in disciplinary reports are some key indicators of retaliation. The Warden also asserts retaliation monitoring is facilitated for a minimum of 90 days with check-ins. Retaliation monitoring may continue until the inmate departs the facility, if necessary.

The auditor has found no evidence reflecting that another staff member or inmate, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring within the last 12 months.

In view of the above, the auditor finds LPCC substantially compliant with 115.67(e).

Given the absence of adverse findings as noted above, the auditor finds LPCC substantially compliant with 115.67.

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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates alleged to have suffered sexual abuse, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntarily segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 13, section I(g) addresses 115.68(a).</p> <p>The Warden asserts that agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined there are no alternative means of separation from potential abusers. Generally, such temporary placements [following an initial finding regarding alternative placement(s)] would be limited to up to 24 hours. The Warden further asserts an inmate may request protective custody placement in segregated housing.</p> <p>The staff who supervises inmates in segregated housing interviewee states that inmates would not be placed in RHU pursuant to 115.43(a) provisions. If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:</p> <p>Programs (religious services staff visit RHU and can provide reading materials, etc. to inmates, education staff visit RHU and can provide materials upon request, the librarian exchanges books, and inmates receive five hours of recreation per week);</p> <p>Privileges (telephone and commissary are available to inmates);</p> <p>Education (inmates can request access to educational materials); and</p>

	<p>Work opportunities (none as porters or orderlies are selected from general population inmates).</p> <p>If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Watch Log or Confinement Record pertaining to the affected inmate. The opportunities that have been limited, the duration of the limitations, and the reason(s) for such limitations are documented on the Watch Log.</p> <p>The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same were to occur, the longest placement under such circumstances would be limited to the time necessary to evaluate a safe situation, generally no longer than seven days. Attempted placement is targeted within 24 hours.</p> <p>The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He states that he believes that maximum placement under such circumstances is less than one month.</p> <p>Zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.</p> <p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. During his interview, the Warden asserts that every seven days, the affected inmate is reviewed regarding feasibility for return to the general population. The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>During the onsite visit and facility tour, zero inmates were housed in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse).</p> <p>The auditor finds that the 115.68(a) process is in place should the need arise and accordingly, LPCC is substantially compliant with 115.68.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.71(a)

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal investigations are facilitated by ADCRR CIU investigators. Administrative Investigations are conducted by specialty trained facility investigator(s).

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 22, section N(4) addresses 115.71(a). ADCRR DO 608 entitled Criminal Investigations, pages 4-6, section 6 addresses 115.71(a). ADCRR DO 125 entitled Sexual Offense Reporting, pages 10-14, section 7.0 addresses 115.71(a).

The administrative investigative staff interviewee asserts if he is on site and ADCRR CIU investigator(s) have authorized commencement of the administrative investigation, the same commences immediately. If a report of sexual abuse is received during non-regular business hours, he reports to the facility with CIU investigators. In the event of a sexual harassment case, the shift commander assumes initial investigative and notification duties and the interviewee provides guidance regarding first responder duties/investigative steps. The administrative investigative interviewee would pick up the investigation during the following workday. However, he may report to the facility contingent upon the circumstances.

The criminal investigative interviewee states that as soon as ADCRR CIU is notified of the sexual abuse investigation, a special agent would be assigned to the case. Dependent upon the circumstances, the investigation would commence immediately. For example, if the incident had occurred within hours prior to institutional notification, he would report to the facility to commence the investigation.

The administrative investigative interviewee and the criminal investigative interviewees state there are no differences in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report of sexual abuse. Every allegation is treated as a serious allegation.

The auditor's review of 12 sexual abuse/harassment investigations reveals substantial compliance with 115.71.

In view of the above, the auditor finds LPCC substantially compliant with 115.71(a).

115.71(b)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 22, section N(5) addresses 115.71(b) with respect to the conduct of administrative investigations.

The administrative investigative staff interviewee states he has completed specialty training specific to investigating sexual abuse in confinement settings. Specifically, he has completed the three hour web based National Institute of Corrections (NIC)

training course regarding investigation of sexual abuse incidents in a confinement setting, This training was scenario-based and included a testing component. These trainings included the following topics:

Techniques for interviewing sexual abuse victims;

Implementation of Miranda and Garrity rights;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

The criminal investigative interviewee states that as soon as ADCRR CIU is notified of the sexual abuse investigation, a special agent would be assigned to the case.

Dependent upon the circumstances, the investigation would commence immediately.

For example, if the incident had occurred within hours prior to institutional notification, he would report to the facility to commence the investigation.

In view of the above, the auditor finds LPCC substantially compliant with 115.71(b).

115.71(c)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 22, section N(7)(a-f) addresses 115.71(c) in terms of gathering and preservation of evidence.

The administrative investigative staff interviewee states that his investigative protocol includes the following:

Threshold interview with the victim to identify preliminary facts, staff and inmate witnesses, and evidence (30 minutes to one hour);

Check crime scene and assess whether first responder duties were completed (10 minutes);

Ensure Medical/MH follow-up for victim(s) (30 minutes);

Review Anatomical Form regarding any injuries (30 minutes);

Review video, telephone monitoring, tablet and files (up to several hours);

Interview inmate and staff witnesses (30 minutes to one hour/witness);

Conduct re-interviews (20 minutes/reinterview);

Interview perpetrator (0 to ? hours);

Brief Warden, PCM, etc.; and

Write report (two hours).

The administrative investigative interviewee states he is responsible for review and processing of video/telephone monitoring/tablet evidence, victimization/aggressor screenings, and historical sexual abuse information.

The criminal investigative interviewee states that the following chronology occurs with respect to the criminal investigation:

Subsequent to facility notification to ADCRR regarding the alleged sexual abuse incident, an on-call special agent (SA) is assigned;

The SA determines whether the case is criminal or administrative;

The SA reports to the facility, if warranted;

Upon arrival at the facility, first responder duties and crime scene are checked;

Threshold interview of victim to identify potential witnesses and develop an investigation plan;

Interview witnesses;

Review video and staff and inmate files, as well as, any staff/inmate reports;

Any telephone monitoring is identified by the Criminal Intelligence Unit (CIU and reviewed, as well as, tablets;

Reinterviews, if warranted;

Interview perpetrator;

Write the report following receipt of SANE lab results and physical evidence.

The criminal investigative interviewee states that he or the CA is responsible for the collection of clothing, bedding, mail, weapons, tooth brush, etc., as well as, any sworn statements, all physical evidence, medical documentation, reports, tablet information, telephone monitoring information, and video.

In view of the above, the auditor finds LPCC substantially compliant with 115.71(c).

115.71(d)

ADCRR DO 125 entitled Sexual Offense Reporting, page 11, section 7.4.1 addresses 115.71(d).

According to the administrative and criminal investigative staff interviewees, ADCRR CIU investigators handle all prosecution liaison and compelled interviews. The criminal investigative interviewee states he generally does not facilitate compelled interviews as Miranda applies.

In view of the above, the auditor finds LPCC substantially compliant with 115.71(d).

115.71(e)

ADCRR DO 125 entitled Sexual Offense Reporting, Page 12, section 7.4.2 addresses 115.71(e).

Both the administrative and criminal investigative staff interviewees state they assess credibility of an alleged victim, suspect, or witness by the consistency in their narrative vs. the evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the victim more believable than not? Witnesses, victim, and perpetrator(s) are considered believable until evidence dictates otherwise.

Both the administrative and criminal investigative interviewees further state they would not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

None of the three inmates who reported a sexual abuse at LPCC interviewees state they were required to submit to a polygraph examination or truth-telling device(s) as a condition for proceeding with an investigation.

In view of the above, the auditor finds LPCC substantially compliant with 115.71(e).

115.71(f)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 22, section N(7) addresses 115.71(f). ADCRR DO 125 entitled Sexual Offense Reporting, page 11, section 7.3.1 addresses 115.71(f).

The administrative investigative staff interviewee states he checks the fact pattern, timeline, and evidence against the Code of Conduct and policy to determine if any Code of Ethics issues are existent. In regard to report preparation, the administrative investigative staff interviewee states he does document administrative investigations in written reports. The following topics are included in the report:

Allegations;

Synopsis of allegation(s), time line, chronological investigative steps;

List of interviewees;

Interview synopsis and findings;

Documentation reviews;

Video reviews;

Victim and perpetrator, witness information and backgrounds; and

Conclusion.

The criminal investigative interviewee states that a report is written in all criminal sexual abuse matters applicable to LPCC inmates. The following topics are addressed in the criminal report:

Executive Digest- answers the Who? What? When? Where? Why? and How? of the events.

Interview findings and synopsis.

Video reviews.

Synopsis of investigative steps.

Credibility analysis of physical evidence, as well as, evidence articulated throughout the report.

Summary.

The auditor notes he has been advised that locked file cabinets are located in the administrative investigative staff interviewee's locked office wherein all hard copy investigations are housed. Electronic copies are retained on a server wherein only those staff with privileges can access documents. The auditor found no concerns.

The auditor's review of the aforementioned 12 administrative investigations validates compliance with 115.71(f). Accordingly, the auditor finds LPCC substantially compliant with 115.71(f).

115.71(g)

ADCRR DO 125 entitled Sexual Offense Reporting, page 11, section 7.3.2 addresses 115.71(f). It is noted criminal investigations are facilitated by ADCRR CIU investigators.

According to the administrative investigative interviewee, criminal investigations are documented however, as he does not generally receive a copy of the same, he is unaware of the format or contents.

The criminal investigative interviewee states that he uses the initial incident report from which to develop the criminal report. He writes the narrative regarding every component of the investigation and enters the same into the system. The system automatically populates all information and collates the same into a system generated report format. The information entered into the system is similar to the information used in the administrative report with the addition of a credibility assessment regarding physical evidence.

In view of the above, the auditor finds LPCC substantially compliant with 115.71(g).

115.71(h)

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by ADCRR CIU investigators. The Warden further self reports one allegation of conduct that appeared to be criminal were referred for criminal investigation during the last 12 months.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 23, section O(2) addresses 115.71(h) with respect to referral of investigation(s) for criminal prosecution. ADCRR DO 608 entitled Criminal Investigations, pages 4-6, section 6 addresses 115.71(h)

The administrative investigative interviewee states he does not refer cases for prosecution as the same falls under the purview of ADCRR CIU. He does confer with ADCRR CIU regarding all sexual abuse cases and whether the same will be criminally investigated.

The criminal investigative interviewee validates the statement of the administrative investigative interviewee. Referrals for prosecution generally occur when a criminal code violation is identifiable and the evidentiary standard meets probable cause. He refers all facility sexual abuse cases to the District Attorney for review and decision regarding prosecution.

In view of the above, the auditor finds LPCC substantially compliant with 115.71(h).

115.71(i)

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation (if the criminal investigation is provided to LPCC staff) of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, pages 22 and 23, section N(10) addresses 115.71(i) with respect to retention of investigatory records.

Throughout the on-site visit, the auditor found no evidence of deviation from 115.71(i). Storage and retention of sexual abuse/harassment investigations is addressed throughout the aforementioned narratives.

In view of the above, the auditor finds LPCC substantially compliant with 115.71(i).

115.71(j)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS

	<p>Sexual Offense Reporting, page 22, section N(8) addresses 115.71(j).</p> <p>Both the administrative and criminal investigative interviewees state that when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when an inmate victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. The auditor has not discovered any evidence contrary to the meaning and intent of 115.71(j).</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.71(j).</p> <p>115.71(l)</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 23, section O(3) addresses 115.71(l).</p> <p>The Warden asserts that the administrative investigator remain(s) in routine contact with ADCRR CIU investigator(s) to obtain case updates. Such communication is accomplished by email and telephone calls with telephone calls reduced to writing in emails. The LPCC PCM states that the captain or investigator maintain contact with ADCRR CIU investigator(s).</p> <p>The CCPC relates that, on a global basis, facility officials develop relationships with partner officials and/or local law enforcement to remain abreast of the progress of an investigation facilitated by the outside agency. However, generally, designated facility staff follow-up with the outside agency on a schedule determined at the local level.</p> <p>The administrative investigative staff interviewee states ADCRR CIU investigator(s) facilitate(s) criminal investigation(s) and he provides support as a liaison/facilitator and assists with investigative organization, interviews, information collection, etc.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.71(l).</p> <p>Accordingly, based on the totality of the above, the auditor finds LPCC substantially compliant with 115.71.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.72(a)

	<p>Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 22, section N(9) addresses 115.72.</p> <p>The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can be described as more evidence is present that the incident occurred than not. Metaphorically, the evidentiary scale is tipped just over the middle.</p> <p>The criminal investigative interviewee states that probable cause is the standard of proof necessary for referral for prosecution. Evidence beyond a reasonable doubt is required for a conviction.</p> <p>The auditor's on-site review of 12 random sexual abuse/harassment investigations reveals substantial compliance with 115.72(a).</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.72.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.73(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports 22 criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and 22 alleged inmate victims were notified in writing upon completion of the sexual abuse investigation regarding 115.73(a) findings. The auditor's onsite review of eight sexual abuse investigations completed during the last 18 months reveals that the standard for a sexual abuse allegation was met in each case.</p> <p>The breakdown of the auditor's review of eight sexual abuse investigations conducted during the last 18 months is as follows:</p> <p>One victim was released from LPCC prior to conclusion of the investigation with respect to one investigation (investigation commenced on July 4, 2025 and inmate was released on July 18, 2025);</p> <p>Seven 115.73(a) notifications were provided to seven victims</p>

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 24, section R(1) addresses 115.73(a).

The Warden asserts the facility investigator notifies an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A written Notification Form is completed and issued to the affected inmate.

The administrative investigative staff interviewee states that agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He further states that he makes such written notification(s).

One inmate who reported a sexual abuse incident at LPCC interviewee states that he received written notification regarding the status of his sexual abuse report, one additional interviewee who reported a sexual abuse incident at LPCC states that he did not know if he received such notification, and a third interviewee states that his allegation constituted sexual harassment. Of note, two interviewees were subject victims in two of the eight sexual abuse investigations reviewed by the auditor. Evidence clearly reflects that both victims who espoused sexual victimization at LPCC received requisite written notice.

In view of the above, the auditor finds that LPCC is substantially compliant with 115.73(a).

115.73(b)

Pursuant to the PAQ, the Warden self reports that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The Warden further self reports one alleged inmate sexual abuse investigations, during the last 12 months, are being completed by an outside agency.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 24, section R(1) addresses 115.73(b).

Pursuant to the auditor's review of the aforementioned investigations, it is readily apparent that the LPCC administrative investigator maintains close contact with ADCRR CIU investigators throughout the investigative process. Within the relevant investigative materials, there is evidence of referral for criminal investigation.

In view of the above, the auditor finds LPCC substantially compliant with 115.73(b).

115.73(c)

Pursuant to the PAQ, following an inmate's allegation that a staff member has

committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the inmate's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor's review of one report of sexual abuse allegedly perpetrated by a staff member against an inmate at LPCC during the last 12 months was determined to be unfounded. Accordingly, 115.73(c) notification is not required.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 24, section R(2) addresses 115.73(c).

In view of the above, the auditor finds LPCC substantially compliant with 115.73(c).

115.73(d)

Pursuant to the PAQ, the Warden self reports following an inmate's allegation that he or she has been sexually abused by another inmate at LPCC, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 24, section R(3) addresses 115.73(d).

With respect to the seven inmate-on-inmate sexual abuse allegations, none of the same were determined to be substantiated. The auditor notes that the facility investigator clearly exhausted investigative tools to compile his findings, inclusive of Milestone video surveillance review, interviews with identified victim(s)/perpetrator(s)/ and witness(es), review of logs, statements, etc.

Given the fact that none of these investigations were found to be administratively substantiated and there is no evidence of criminal substantiation, none of the perpetrators were indicted or convicted. Accordingly, notification of the same is not applicable to LPCC.

	<p>In view of the above, the auditor finds LPCC substantially compliant with 115.73(d).</p> <p>115.73(e)</p> <p>Pursuant to the PAQ, the Warden self reports that all notifications to inmates described in this standard are documented. The Warden further self reports that 22 documented notices were provided to victims of sexual abuse as described in 115.73(a-d). The auditor finds that seven of eight written notifications were completed.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 22, section R(4) addresses 115.73(e).</p> <p>Given the absence of findings noted in the narrative for 115.73(e), the auditor finds LPCC substantially compliant with 115.73(e).</p> <p>Given the above, the auditor finds LPCC substantially compliant with 115.73.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.76(a)</p> <p>Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 25, section 2(a) addresses 115.76(a).</p> <p>The auditor's review of one PAQ 2025 CC Code of Ethics Acknowledgment form, signed and dated by a staff member, reveals substantial compliance with 115.76(a). This document addresses understanding of the policies and subject-matter presented regarding sexual abuse/harassment, reporting options, and subject-matter presented. The document is signed and dated.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.76(a).</p> <p>115.76(b)</p>

Pursuant to the PAQ, the Warden self reports zero facility staff members violated agency sexual abuse or sexual harassment policies during the last 12 months. The same is corroborated by the PCM.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 25, section 2(b) addresses 115.76(b).

In view of the above, the auditor finds LPCC substantially compliant with 115.76(b).

115.76(c)

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Reportedly, during the last 12 months, zero facility staff were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 25, section 2(c) addresses 115.76(c).

In view of the above, the auditor finds LPCC substantially compliant with 115.76(c).

115.76(d)

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, zero staff from the facility were reported to criminal investigators or licensing agencies following the administrative investigation.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 30, section 2(d) addresses 115.76(d).

Based on the above, the auditor finds LPCC substantially compliant with 115.76(d).

In view of the above, the auditor finds LPCC substantially compliant with 115.76.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.77(a)

Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 25, section 2(e) addresses 115.77(a).

As previously stated, the Warden asserts zero incidents involving contractor or volunteer perpetuation of sexual abuse/harassment incidents, occurred at LPCC during the last 12 months. The same is validated pursuant to the auditor's review of the 12 random sexual abuse/harassment investigations facilitated during the last 18 months.

In view of the above, the auditor finds LPCC substantially compliant with 115.77(a).

115.77(b)

Pursuant to the PAQ, the Warden self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 25, section 2(f) addresses 115.77(b).

The Warden asserts a contractor or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, inmates. If the investigation is substantiated, privileges would be rescinded on a permanent basis.

In view of the above, the auditor finds LPCC substantially compliant with 115.77(b).

Accordingly, the auditor finds LPCC substantially compliant with 115.77.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.78(a)

Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. The Warden further self reports that during the last 12 months, zero administrative or criminal findings of inmate-on-inmate sexual abuse occurred at the facility.

Pursuant to the auditor's onsite review of the aforementioned eight random sexual abuse investigations, he finds the same to be validated.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 24, section S(1)(a) addresses 115.78(a). ADCRR DO 803 entitled Inmate Disciplinary Procedure, page 20, section 10.4 also addresses 115.78(a).

According to PAQ documentation, there has been zero incidents of disciplinary sanctions imposed on inmates during the last 12 months for:

Administratively substantiated inmate-on-inmate sexual abuse allegations; or

A criminal finding of guilt for inmate-on-inmate sexual abuse.

In view of the above, the auditor finds LPCC substantially compliant with 115.78(a).

115.78(b)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 24, section S(1)(c) addresses 115.78(b).

The Warden asserts varying degrees of sanctions are available pursuant to the ADC disciplinary process. Specifically, a tier program is utilized for imposition of major sanctions.

LPCC staff write the misconduct report and refer the same to ADCRR disciplinary staff for investigation and trained ADCRR disciplinary staff conduct the investigation and the administrative hearing. The ADCRR staff hear all levels of incidents and can recommend certain sanctions and the DHO can impose RHU placement, as well as, privilege sanctions.

The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the

sanction(s) imposed for similar offenses by other inmates with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy. Specifically, the ADCRR disciplinary staff can refer the inmate to mental health staff whenever potential competency questions arise.

In view of the above, the auditor finds LPCC substantially compliant with 115.78(b).

115.78(c)

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 24, section S(1)(d) addresses 115.78(c).

The Warden asserts that assessment of mental disability or mental illness is built into the policy. Specifically, the ADCRR disciplinary staff can refer the inmate to mental health staff whenever potential competency questions arise.

As previously noted, during the last 12 months, zero administrative or criminal findings of inmate-on-inmate sexual abuse were realized at LPCC.

In view of the above, the auditor finds LPCC substantially compliant with 115.78(c).

115.78(d)

Pursuant to the PAQ, the Warden self reports the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports that the facility does consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits although such services are voluntary.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 25, section S(1)(i) addresses 115.78(d).

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are generally offered to the perpetrator. Inmate access to programming or other benefits would not be contingent upon participation in such services as the same would be voluntary.

In view of the above, the auditor finds LPCC substantially compliant with 115.78(d).

115.78(e)

Pursuant to the PAQ, the Warden self reports the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to

such contact.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 25, section (S)(1)(e) addresses 115.78(e).

During the last 12 months, zero inmates were disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

In view of the above, the auditor finds LPCC substantially compliant with 115.78(e).

115.78(f)

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation(s).

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 25, section (S)(1)(g) addresses 115.78(f).

During the last 12 months, zero disciplinary actions occurred for a report of sexual abuse made in bad faith. Of note, the auditor has not located any contradictory evidence.

In view of the above, the auditor finds LPCC substantially compliant with 115.78(f).

115.78(g)

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports the agency disciplines inmates for sexual abuse only if it is determined the same activity was coerced.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 25, section (S)(1)(f) addresses 115.78(g).

The auditor has not discovered nor has he been provided any evidence validating that inmates have been found guilty or convicted of non-coerced sexually abusive activity during the last 12 months. The auditor did review one disciplinary action wherein the inmate was disciplined for sexual activity with another inmate in the absence of coercion.

In view of the above, the auditor finds LPCC substantially compliant with 115.78(g).

Accordingly, absent any finding to the contrary, the auditor finds LPCC substantially compliant with 115.78.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81(a)(c)</p> <p>Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. The PCM self reports that in the last 12 months, 100 percent of inmates who disclosed both prior victimization and sexually aggressive behavior during the screening process, were offered a followup meeting with a medical and/or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, pages 9 and 10, section 12 addresses 115.81(a).</p> <p>The auditor's PAQ review of one inmate file (arrival date at LPCC on September 22, 2025) reveals that the follow-up meeting with a mental health practitioner occurred on September 29, 2025. The auditor notes that a Medical and Mental Health Follow-up form is executed during the initial victimization/aggressor assessment to trigger the requisite follow-up.</p> <p>The auditor's onsite review of five random referrals for sexual victimization, four initial or 30-day victimization/aggressor screenings and corresponding Comprehensive Mental Health Evaluation forms reveals that timely 115.81 follow-up occurred in all four cases. In four of the five cases, the interviewees cited historical community sexual abuse while the last interviewee cites both institutional and community sexual abuse. Of note, the mental health encounter was facilitated within 14 days of arrival in each case.</p> <p>The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states he offers a follow-up meeting with a medical and/or mental health practitioner whenever the screening indicates an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community. The interviewee states he forwards the completed notification to Medical, MH, and the investigator and the follow-up meeting is conducted within 14 days of the intake screening.</p> <p>One of three inmate interviewees who reported prior sexual abuse in confinement or in the community stated that he declined Medical/MH follow-up. A second interviewee states that he never said anything about prior sexual abuse at his 115.41 assessment and a third interviewee states he was not offered Medical/MH follow-up.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.81(a).</p>

115.81(b)

Pursuant to the PAQ, the Warden self reports if inmates previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the followup meeting is offered within 14 days of the intake screening.

In the last 12 months, 100 percent of inmates who previously perpetrated sexual abuse incidents, as indicated during the screening pursuant to § 115.41, were offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 9, section 11 addresses 115.81(b).

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states he offers a follow-up meeting with a mental health practitioner whenever the screening indicates an inmate has perpetrated prior sexual abuse either in the community or a prison, jail, juvenile, or a community confinement facility. The interviewee states this meeting is generally conducted within 14 days of the intake process.

Pursuant to the auditor's review of six victimization/aggressor assessments pertaining to inmates who either reported prior sexual aggression either in the community or in a confinement setting or staff determined the same following research or receipt of additional information in conjunction with the 30-day reassessment, two of the six applicable inmates declined mental health follow-up. Evidence related to a follow-up meeting with respect to the remaining four inmates has not been provided to the auditor. Accordingly, the auditor finds LPCC non-compliant with 115.81(b) and a 180-day corrective action period is imposed wherein the CCPC and/or the PCM will demonstrate compliance with and institutionalization of 115.81(b). The corrective action due date is April 29, 2026.

To demonstrate compliance with and institutionalization of 115.81(b), the CCPC and/or PCM will provide training to staff stakeholders regarding provision of 115.81(b) meeting offerings to applicable inmates. The CCPC and/or PCM will upload into OAS a copy of the training curriculum and any associated documents, as well as, a training roster or evidence of attendee receipt of training. This roster will include the name of the training, the attendee's printed name and signature, and date on which the training was conducted. Minimally, intake staff and mental health staff should be designated as participants.

In addition to the above, the PCM will provide to the auditor a roster reflecting the names of all inmates who either reported sexual abuse incidents in the community or within a confinement setting commencing on the date of this interim report until April 29, 2026. The auditor will select a random sample of inmates similarly situated and

the PCM will upload applicable victimization/aggressor assessments and/or 30-day reassessments, as well as, referral documentation and clinician notes regarding the specific encounter. The auditor will subsequently make a compliance or non-compliance finding.

In view of the above, the auditor finds LPCC non-compliant with 115.81(b).

January 15, 2026 Update:

The auditor's review of staff training minutes regarding the nuances and implementation of 115.81(b) requirements reveals substantial compliance with corrective action guidance. Additionally a training roster dated January 15, 2026 reveals that 22 medical/mental health, intake/screening staff, COIII, PCM, and quality assurance manager (QAM) attended this training session. This information has been uploaded into OAS.

February 18, 2026 Update:

The auditor's review of seven files related to inmates who arrived at LPCC between the dates of this Interim PREA Report and February 2, 2026 reveals that four inmates declined a follow-up meeting within 14 days of intake screening. In two of these cases, the meeting was not offered until the 30-day reassessment date, as opposed to the initial screening date.

With respect to the three remaining affected inmates who accepted the meeting, in question, two of the three meetings were conducted in a timely manner while the third meeting was not conducted in a timely manner. Additionally, two of the three meetings were offered in conjunction with the 30-day reassessment, as opposed to intake screening.

The auditor notes that the aforementioned training was not completed until January 15, 2026 and accordingly, the same may account for the untimeliness in offering the 14-day follow-up meeting with mental health staff.

March 25, Update:

The auditor's review of four files associated with inmates who arrived at LPCC between the dates of February 18, 2026 and March 18, 2026 reveals that two inmates accepted the 115.81(b) 14-day follow-up assessment and two inmates declined the same. The auditor's review of the files included review of the respective assessment, as well as, the mental health notes associated with the follow-up.

Additionally, five inmates who related or demonstrated either sexual abuse or victimization during either the initial assessment or reassessment were transferred prior to the conduct of the follow-up.

In view of the above, the auditor finds LPCC substantially compliant with 115.81(b).

115.81(d)

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The same is available to other staff to inform treatment plans and security and management decisions, including housing, bed assignment, work assignment, education, and program assignments, or as otherwise required by Federal, State, or local law.

CC Policy 13-79 entitled Sexual Assault Response, pages 4 and 5, section D(2) addresses 115.82(c).

According to the LPCC PCM, sexual abuse information consumption is generally limited to the Warden, PCM, assistant wardens (AWs), CO3s, unit managers (UMs), assistant unit managers (AUMs), captains, sergeants, count management officer (CMO), COS/Program Manager, assistant chiefs (ACOS/APM), and the investigator. Electronic access is granted by privileges.

As mentioned throughout this report, investigative materials, inclusive of forensic medical documentation associated with the respective investigation, as well as, digital information are securely maintained by the investigator. Documentation and information maintained in the 5-1 system is limited to those staff with privileges.

Medical/MH information is likewise stored in password protected systems and hard copies of referral documentation are stored in secure file cabinet(s) in MH staff secured offices and medical files in the Medical Department.

In view of the above, the auditor finds LPCC substantially compliant with 115.81(d).

115.81(e)

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 16, section K(2)(g) addresses 115.81(e). CC Policy 13-79 entitled Sexual Assault Response, page 5, section D(4) also addresses 115.82(e).

The medical staff interviewee states, as a matter of routine, he does ensure that he advises inmates regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The verbal informed consent is documented in the notes or the

	<p>equivalent of an informed consent, completed at intake, is maintained in the inmate's file. The mental health interviewee states, as a matter of routine, she does ensure that she advises inmates regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. However, she does not document the same. Of note, zero inmates under the age of 18 are housed at LPCC.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.81(e).</p> <p>Accordingly, in view of the corrective action completion articulated in the narrative for 115.81(b) and the remainder of evidence throughout the 115.81 narrative, the auditor finds LPCC substantially compliant with 115.81.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.82(a)</p> <p>Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>The auditor's review of one PAQ 5-1 sexual abuse packet dated September 18, 2025 reveals substantial compliance with 115.82(a). Medical/mental health intervention is clearly documented throughout the packet.</p> <p>The auditor's review of six of eight sexual abuse investigations specifically reveals that the inmates were examined by medical and mental health staff at the facility following report of the alleged incident. Review of the Sexual Abuse Incident Check Sheet and the investigation reports validate the same. In one case, the victim reported that the incident allegedly occurred in 2022 and accordingly, medical evaluation was not facilitated. However, the victim was assessed by a mental health practitioner. In another case, the report was received from another institution and accordingly, medical examination could not be completed at LPCC in view of timelines and inmate unavailability. Accordingly, the auditor finds that sufficient evidence is</p>

existent to validate that requisite medical/mental health intervention occurred with respect to each incident.

The medical and mental health interviewees state victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and a brief lifesaving medical examination at LPCC. The nature and scope of these services are determined according to the professional judgment of the provider in addition to the physician, if available.

One of the inmates who reported a sexual harassment allegation at LPCC stated that all staff reacted properly and he did discuss the incident with a mental health practitioner. According to the interviewee, there was no penetration involved in the incident. Another interviewee stated that the sexual abuse incident occurred two years prior to his report of the same. He stated that penetration was involved and he talked to a mental health practitioner following his report two years later. A third interviewee stated that his cellmate grabbed his buttocks during the sexual abuse incident and he was immediately examined by a medical practitioner and interviewed by a mental health practitioner.

In view of the above, the auditor finds LPCC substantially compliant with 115.82(a).

115.82(b)

Pursuant to the PAQ, the Warden self reports that if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted that 13 interviewees were in possession of a CC laminated card bearing first responder instructions as required by 115.64(a).

The auditor also notes that 13 of the aforementioned interviewees state they contact medical and mental health staff immediately regarding the sexual abuse report.

In view of the above, the auditor finds LPCC substantially compliant with 115.82(b).

115.82(c)

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(10) addresses 115.82(c).

The medical staff interviewee states that victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis during the forensic examination process.

The auditor has forwarded two emails to Honor Health SANE officials in an effort to address questions surrounding the forensic examination process, inclusive of sexually transmitted disease testing and infection prophylaxis. Additionally, questions regarding SANE training is part of the questionnaire.

As of the date of this writing, the auditor has not received any response regarding the specifically crafted questions. The auditor will continue pursuit of this information throughout the interim report period and if successful, the report will be adjusted to reflect the appropriate subject-matter. Therefore, the medical staff interviewee's statement, as captured in the preceding paragraph, cannot be validated.

On April 7, 2026, the auditor facilitated a telephonic interview with the Forensic Nurse Manager at Honor Health. She advised that 25-30 SANES are employed with Honor Health (includes full-time, part-time, and per diem SANES). While IAFN training is not utilized, current training is modeled after the same. Training is compartmentalized into skills, didactic, and preceptorship. During the preceptorship training, approximately eight examinations are completed by the trainee under instructor oversight. Training is provided both in-person and online.

Infection prophylaxis is part of the interviewee's forensic planning recommendation. Additionally, any applicable testing, inclusive of HIV, etc., dependent upon medical judgment, may be likewise considered dependent upon various circumstances. Prophylactic medication(s) would be offered as part of the SANE examination. Minimal dosage(s) would be offered with any follow-up medication(s) supplied by the facility medical department.

None of the three inmates who reported a sexual abuse incident at LPCC interviewees state they were offered information about and access to emergency contraception and sexually transmitted infections prophylaxis in follow-up to their sexual abuse report. Of note, a forensic examination was not completed in response to any of these reported sexual abuse incidents given the fact patterns in each case.

	<p>In view of the above, the auditor finds LPCC substantially compliant with 115.82(c).</p> <p>115.82(d)</p> <p>Pursuant to the PAQ, the Warden self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The auditor has not found any evidence suggesting that charges were assessed to victims of sexual abuse at LPCC during the last 18 months. Additionally, none of the three inmates who reported a sexual abuse incident at LPCC interviewees report payment of any medical fees associated with their allegations.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.82(d).</p> <p>Accordingly, in view of the above, the auditor finds LPCC substantially compliant with 115.82.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.83(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(11) addresses 115.83(a).</p> <p>The auditor's review of six of eight random sexual abuse investigations specifically reveals that the inmates were examined by medical and mental health staff at the facility following report of the alleged incident. Review of the Sexual Abuse Incident Check Sheet and the investigation reports validate the same. In one of the eight cases, the alleged incident occurred two years prior to the report of sexual abuse. In another case, the victim stated that he was groped over his clothing and that the incident occurred five months prior to the report of sexual abuse. In the third case, the victim states there was no penetration and the incident occurred 20-21 days prior to the report of sexual abuse. Accordingly, the auditor finds that sufficient evidence is existent to validate that requisite medical/mental health intervention occurred with</p>

respect to each incident.

In view of the above, the auditor finds LPCC substantially compliant with 115.83(a).

115.83(b)

Pursuant to the PAQ, the Warden self reports that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in other facilities, or their release from custody.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(12) addresses 115.83(b).

In regard to medical care provided at the facility following a sexual abuse event, the medical staff interviewee states he facilitates a threshold interview with the victim to determine basic medical information and he takes vitals and facilitates a clothed body inspection looking for cuts, bruising, etc. If the same is discovered, basic or advanced first-aid is administered. He also employs calming techniques.

The mental health staff interviewee states she attempts to collect cursory information regarding the sexual abuse incident from the victim. She facilitates threshold questioning of the victim and attempts to calm and reassure him. Upon return from the hospital, she provides information regarding available services.

With respect to the three inmates who reported a sexual abuse incident at LPCC interviewees, one of the three reports that medical/mental health practitioners did discuss with him follow-up services, treatment plans, and, if necessary, referrals for continued care following his report of sexual abuse. The auditor notes that none of these three inmates were offered or provided a forensic examination in view of the fact patterns and circumstances surrounding the alleged incidents. In one case, the interviewee contested the LPCC practice of strip searching inmates during mass unit shakedowns. Accordingly, the auditor finds interpretation of sexual abuse to questionable, at a minimum, in this matter. The other interviewee reported an alleged incident that occurred two years prior to his report. In the last matter, the fact pattern, as articulated by the interviewee, did not involve penetration.

Based on the auditor's review of four of eight random sexual abuse investigations wherein the investigation was determined to be unsubstantiated (none of these investigations were determined to be substantiated) facilitated during the last 18 months, there is no evidence of failure to comply with the requirements of 115.83(b).

In view of the above, the auditor finds LPCC substantially compliant with 115.83(b).

115.83(c)

Pursuant to the PAQ, the Warden self reports that the facility provides such victims

with medical and mental health services consistent with the community level of care. CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(13) addresses 115.83(c).

The medical interviewee states that services offered at the facility are consistent with the community level of care. The medical staff interviewee states that forensic examinations are completed at a nearby hospital by SANEs and the community standard of medical care is established accordingly. The mental health practitioner stated that the services offered at the facility are consistent with the community level of care and, of course, the services rendered during the forensic examination constitute the community standard.

In view of the above, the auditor finds LPCC substantially compliant with 115.83(c).

115.83(d)

Pursuant to the PAQ, the Warden self reports that female inmates are not housed at LPCC. The auditor's observations during the facility tour validate the Warden's assertion.

In view of the above, the auditor finds that 115.83(d) is not applicable to LPCC.

115.83(e)

Pursuant to the PAQ, the Warden self reports that female inmates are not housed at LPCC. The auditor's observations during the facility tour validate the Warden's assertion.

In view of the above, the auditor finds that 115.83(e) is not applicable to LPCC.

115.83(f)

Pursuant to the PAQ, the Warden self reports that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 13-79 entitled Sexual Assault Response, pages 3 and 4, section B(10) addresses 115.83(f).

The auditor has forwarded two emails to Honor Health SANE officials in an effort to address questions surrounding the forensic examination process, inclusive of sexually transmitted disease testing and infection prophylaxis administration. Additionally, SANE training is part of the questionnaire to be discussed.

As of the date of this writing, the auditor has not received any response regarding the

specifically crafted questions. The auditor will continue pursuit of this information throughout the interim report period and if successful, the report will be adjusted to reflect the appropriate subject-matter.

Three random inmate interviewees who reported a sexual abuse incident at LPCC state they were not offered tests for sexually transmitted infections. None of these interviewees were removed from the facility for a forensic examination.

In view of the above, the auditor finds LPCC substantially compliant with 115.83(f).

115.83(g)

Pursuant to the PAQ, the Warden self reports that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(16) addresses 115.82(g).

The auditor has not found any evidence suggesting that financial charges were assessed to victims of sexual abuse at LPCC during the last 12 months. Additionally, none of the three random inmate interviewees who reported a sexual abuse incident at LPCC report payment of any medical fees associated with their allegations.

In view of the above, the auditor finds LPCC substantially compliant with 115.83(g).

115.83(h)

Pursuant to the PAQ, the Warden self reports that If the facility is a prison, appropriate staff attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 10, section (G)18 addresses 115.83(h).

The mental health staff interviewee states mental health staff conduct a mental health evaluation of all known inmate-on-inmate sexual abusers and offer treatment, if appropriate. Intake staff alert mental health staff regarding sexual aggressors and practitioners triage each case. If the individual is an inmate-on-inmate sexual aggressor, the mental health evaluation protocol is implemented.

Based on documentation included in OAS, completion of an evaluation pursuant to 115.83(h) was not required nor facilitated during the last 12 months.

In view of the above, the auditor finds LPCC substantially compliant with 115.83(h).

	Accordingly, in view of the above, the auditor finds LPCC substantially compliant with 115.83.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.86(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports that in the last 18 months, three criminal and/or administrative investigations of alleged sexual abuse were completed.</p> <p>Of note, the auditor's random review of 12 sexual abuse/harassment investigations reveals that eight are identified as sexual abuse cases. Four of the eight sexual abuse cases were determined to be unsubstantiated while the remaining four cases were deemed to be unfounded. Sexual abuse Incident Reviews (SAIRs) were found to be completed in a timely manner in three of the four unsubstantiated cases as scripted in 115.86(b). Additionally, SART team makeup is commensurate with 115.86(c) and the SAIR report, signed by the Warden, addresses all critical requirements as articulated in 115.86(d). Recommendations were not documented in any of the SAIRs.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 23, section P(1) addresses 115.86(a).</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.86(a).</p> <p>115.86(b)</p> <p>Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports that in the last 18 months, three criminal and/or administrative investigations of alleged sexual abuse were completed.</p> <p>Of note, the auditor's random review of 12 sexual abuse/harassment investigations reveals that eight are identified as sexual abuse cases. Four of the eight sexual abuse cases were determined to be unsubstantiated while the remaining four were deemed to be unfounded. SAIRs were found to be completed in a timely manner in</p>

three of the four unsubstantiated cases as scripted in 115.86(b). Additionally, SART team makeup is commensurate with 115.86(c) and the SAIR report, signed by the Warden, addresses all critical requirements as articulated in 115.86(d).

Recommendations were not documented in any of the SAIRs.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 23, section P(3) addresses 115.86(b).

In view of the above, the auditor finds LPCC substantially compliant with 115.86(b).

115.86(c)

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 23, section P(2) addresses 115.86(c).

The Warden asserts that a SART team is utilized and available at LPCC. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The SART team is primarily comprised of the PCM, COS, VA, Medical and Mental Health staff.

Of note, the auditor's random review of 12 sexual abuse/harassment investigations reveals that eight are identified as sexual abuse cases. Four of the eight sexual abuse cases were determined to be unsubstantiated while the remaining four cases were deemed to be unfounded. SAIRs were found to be completed in a timely manner in three of the four unsubstantiated cases as scripted in 115.86(b).

Additionally, SART team makeup is commensurate with 115.86(c) and the SAIR report, signed by the Warden, addresses all critical requirements as articulated in 115.86(d). Recommendations were not documented in any of the SAIRs.

In view of the above, the auditor finds LPCC substantially compliant with 115.86(c).

115.86(d)

Pursuant to the PAQ, the Warden self reports that the review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Warden asserts that the SART team assesses issues noted above to make necessary changes, if required, and/or highlight positive performance or failures. If staff disciplinary action is apparent and appropriate, the same can be identified pursuant to the SAIR process. The mission of the SART team is to "enhance all things PREA" at LPCC.

The PCM asserts that the SART team does prepare a report of the review proceedings encompassing the issues articulated above. He serves as a member of the SART and he writes the SAIR report. If there are recommendations, he follows through with the same or documents the basis for non-compliance. The same is generally documented on the SAIR report.

The SART team interviewee validated the issues addressed above as requisite review items.

Of note, the auditor's random review of 12 sexual abuse/harassment investigations reveals that eight are identified as sexual abuse cases. Four of the eight sexual abuse cases were determined to be unsubstantiated while four additional cases were deemed to be unfounded. SAIRs were found to be completed in a timely manner in three of the four unsubstantiated cases as scripted in 115.86(b). Additionally, SART team makeup is commensurate with 115.86(c) and the SAIR report, signed by the Warden, addresses all critical requirements as articulated in 115.86(d).

Recommendations were not documented in any of the SAIRs.

In view of the above, the auditor finds LPCC substantially compliant with 115.86(d).

115.86(e)

Pursuant to the PAQ, the Warden self reports that the facility implements the recommendations for improvement or documents its reasons for not doing so. The auditor notes that zero recommendations were reflected in the three SAIRs mentioned throughout this narrative.

Of note, the auditor's random review of 12 sexual abuse/harassment investigations reveals that eight are identified as sexual abuse cases. Four of the eight sexual abuse cases were determined to be unsubstantiated while the remaining four were deemed to be unfounded. SAIRs were found to be completed in a timely manner in three of the four unsubstantiated cases as scripted in 115.86(b). Additionally, SART team makeup is commensurate with 115.86(c) and the SAIR report, signed by the Warden, addresses all critical requirements as articulated in 115.86(d).

	<p>Recommendations were not documented in any of the SAIRs.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.86(e).</p> <p>Accordingly, the auditor finds LPCC substantially compliant with 115.86.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.87(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(1) addresses 115.87(a).</p> <p>The PCM asserts that an SSV was not required for LPCC during the last 12 months. Pursuant to the auditor's review of SSVs, he has determined that the incident-based data collected is commensurate with the CC standardized set of definitions.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.87(a).</p>
	<p>115.87(b)</p> <p>Pursuant to the PAQ, the Warden self reports the agency aggregates the incident based sexual abuse data at least annually.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(2) addresses 115.87(b).</p> <p>The auditor's cursory review of PREA Annual Reports on the CC website for 2023 and 2024 reveals annual aggregation of incident-based sexual abuse data for LPCC.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.87(b).</p>
	<p>115.87(c)</p> <p>Pursuant to the PAQ, the Warden further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most</p>

recent version of the Survey of Sexual Violence conducted by the Department of Justice.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(3) addresses 115.87(c).

The PCM asserts that an SSV was not required for LPCC during the last 12 months. Pursuant to the auditor's review of SSVs, he has determined that the incident-based data collected is commensurate with the CC standardized set of definitions.

In view of the above, the auditor finds LPCC substantially compliant with 115.87(c).

115.87(d)

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(2) addresses 115.87(d).

In view of the above, the auditor finds LPCC substantially compliant with 115.87(d).

115.87(e)

The auditor has learned LPCC does not contract with any other private facilities for the confinement of any inmates designated to their care, custody, and control.

Accordingly, the auditor finds 115.87(e) not applicable to LPCC.

115.87(f)

Pursuant to the PAQ, the Warden self reports that LPCC was not selected by BJS to submit SSV data for the last calendar year.

In view of the above, the auditor finds LPCC substantially compliant with 115.87(f).

Accordingly, the auditor finds LPCC substantially compliant with 115.87.

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

Auditor Discussion

115.88(a)

Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(4) addresses 115.88(a).

The Agency Head interviewee asserts that year after year, CC examines trends related to PREA reporting. Specifically, category, demographics of those involved in sexual abuse/harassment incidents, and substantiation rates to study trends and indicators of strengths or weaknesses in the program are reviewed. Outside of metrics related to reports, corrective action data is aggregated internally to identify trends in compliance efforts and auditor feedback.

Executive staff are briefed by the PREA Coordinator on a monthly basis and there is a PREA Committee that meets to review and monitor the health of the CC PREA Program.

The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.

Of note, PREA investigation reports and ancillary documentation are electronically generated and maintained in a privileges operated system however, a safely secured filing cabinet is located in the LPCC Investigator's office. The auditor validated these processes throughout the on-site visit.

The CCPC further asserts that the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs are electronically transmitted to corporate and maintained in the 5-1 system. The

PCM and CCPC also have access to computerized daily population reports, etc. The LPCC investigator maintains hard copies of investigations in a locked cabinet in his locked office. Access to electronic copies of investigative materials is limited to those staff with privileges. Data is published by corporate office staff.

In view of the above, the auditor finds LPCC substantially compliant with 115.88(a).

115.88(b)

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2023 and 2024 corporate cumulative annual reports reflects substantial compliance with 115.88(b).

The cumulative annual reports, in question, clearly address a comparison of data for the years 2023 and 2024. The data collected pursuant to 115.87 is included within the annual report.

Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the audit year(s), are discussed in the annual report(s). Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(5) addresses 115.88(b).

In view of the above, the auditor finds LPCC substantially compliant with 115.88(b).

115.88(c)

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the Agency Head.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(8) addresses 115.88(c).

The auditor's review of the aforementioned 2023 and 2024 annual reports clearly reflects the CC Executive Vice President and Chief Operating Officer (COO) approves the report as the cover pages bear his signature. The auditor verified the report(s), in question, are posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Executive Vice

	<p>President and COO for final review, signature, and publishing.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.88(c).</p> <p>115.88(d)</p> <p>Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of material redacted.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(6) addresses 115.88(d). The auditor did not find any redacted material in the aforementioned annual reports.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.88(d).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.88.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.</p> <p>CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(11) addresses 115.89(a).</p> <p>The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.</p> <p>Of note, PREA investigation reports and ancillary documentation are electronically generated and maintained in a privileges operated system however, a safely secured filing cabinet is located in the LPCC Investigator's office. The auditor validated these</p>

processes throughout the on-site visit.

In view of the above, the auditor finds LPCC substantially compliant with 115.89(a).

115.89(b)

Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(8) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website. Additionally, neither CC nor LPCC contract with other facilities to house inmates committed to the care, custody, and control of LPCC.

In view of the above, the auditor finds LPCC substantially compliant with 115.89(b).

115.89(c)

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(7) addresses 115.89(c).

The auditor has found no instances wherein personal identifiers have been necessarily excised from subject reports.

In view of the above, the auditor finds LPCC substantially compliant with 115.89(c).

115.89(d)

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CoreCivic (CC) Agency Policy Supplement (APS) Department Order (DO) 125-APS Sexual Offense Reporting, page 26, section T(10) addresses 115.89(d).

Additionally, the Core Civic Record Retention Schedule and appendix 1-15B clearly stipulates retention guidelines. The auditor has found no evidence of deviation from the requirements of 115.89(d) during the facility tour or on-site visit.

	<p>In view of the above, the auditor finds LPCC substantially compliant with 115.89(d).</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.89.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.401(a)</p> <p>Pursuant to the auditor's cursory review of the CC website, he finds that all facilities are audited on a tri-ennial basis unless there are lapses in provision of services to customers. The auditor has audited CC facilities for approximately nine years and he is, therefore, quite familiar with policies and practices. CC PREA executives are very attentive to the audit process and scheduling of audits, completion of corrective action.</p> <p>In view of the above, the auditor finds CC substantially compliant with 115.401(a).</p>
	<p>115.401(b)</p> <p>The auditor's review of the CC website reveals that CC facilities are reviewed in three year cycles. Specifically, it appears that one-third of non-ICE facilities are PREA audited on an annual basis.</p> <p>In view of the above, the auditor finds CC substantially compliant with 115.401(b).</p>
	<p>115.401(h)</p> <p>Throughout the LPCC PREA onsite visit, the auditor was granted access to all areas of the facility. He was able to examine mop closets, mechanical rooms, all inmate occupied areas, staff assembly areas, as well as, areas outside of the facility.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.401(h)</p>
	<p>115.401(l)</p> <p>Throughout the entire audit process, the auditor has been granted access to any documentation he requested. Facility staff have been vigilant in terms of uploading requested documentation into OAS.</p>

	<p>In view of the above, the auditor finds LPCC substantially compliant with 115.401(l).</p> <p>115.401(m)</p> <p>Throughout the onsite visit, the auditor has been afforded private interview space in staff offices wherein he interviewed inmates. The auditor notes that a staff interpreter assisted with the one LEP interviewee.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.401(m).</p> <p>115.401(n)</p> <p>The auditor noted that PREA Audit Notices were posted in each inmate housing area, as well as, programming/operational areas. The Audit Notices were posted at least six weeks prior to the onsite visit. Notices contained sufficient information regarding confidentiality.</p> <p>In view of the above, the auditor finds LPCC substantially compliant with 115.401(n).</p> <p>Considering the lack of adverse findings regarding the above provisions, the auditor finds CC and LPCC substantially compliant with 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403(f)</p> <p>The auditor's research of the CC/LPCC website reveals that the last Final PREA Audit Report dated October 28, 2023 is posted on the same.</p> <p>In view of the above, the auditor finds CC/LPCC substantially compliant with 115.403(f).</p>

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

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

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

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

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

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or 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
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h) Screening for risk of victimization and abusiveness		
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i) Screening for risk of victimization and abusiveness		
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

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

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

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

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

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

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

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

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of 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	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d) Agency protection against retaliation		
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e) Agency protection against retaliation		
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a) Post-allegation protective custody		
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a) Criminal and administrative agency investigations		
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

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

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

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

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

	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

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

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401	Frequency and scope of audits	

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

	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.)	
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