PREA Facility Audit Report: Final

Name of Facility: Boston Avenue Residential Reentry Center
Facility Type: Community Confinement
Date Interim Report Submitted: 04/26/2026
Date Final Report Submitted: 08/22/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Ericka Sage	**Date of Signature:** 08/22/2026

AUDITOR INFORMATION	
Auditor name:	Sage, Ericka
Email:	erickasage11@yahoo.com
Start Date of On-Site Audit:	03/11/2026
End Date of On-Site Audit:	03/12/2026

FACILITY INFORMATION	
Facility name:	Boston Avenue Residential Reentry Center
Facility physical address:	2727 Boston Avenue, San Diego, California - 92113
Facility mailing address:	2727 Boston Avenue, San Diego, California - 92113

Primary Contact

Name:	Le Shon Aiken
Email Address:	Leshon.Aiken@corecivic.com
Telephone Number:	6192321067

Facility Director	
Name:	Le Shon Aiken
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Telephone Number:	6192321066 ext 202

Facility PREA Compliance Manager	
Name:	Le Shon Aiken
Email Address:	leshon.aiken@corecivic.com
Telephone Number:	619-232-1066
Name:	Tara Wilson
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Facility Characteristics	
Designed facility capacity:	120
Current population of facility:	115
Average daily population for the past 12 months:	116
Has the facility been over capacity at any	No

point in the past 12 months?	
What is the facility's population designation?	Men/boys
Age range of population:	19-75
Facility security levels/resident custody levels:	low/med
Number of staff currently employed at the facility who may have contact with residents:	31
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	615-263-3000

Agency Chief Executive Officer Information:	
Name:	Patrick D. Swindle
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information

Name:	Jillian Shane	**Email Address:**	jillian.shane@corecivic.com

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
1	• 115.215 - Limits to cross-gender viewing and searches
Number of standards met:	
40	
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:	2026-03-11
2. End date of the onsite portion of the audit:	2026-03-12

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor contacted a representative from Just Detention International (JDI). JDI is a health and human rights organization that seeks to end sexual abuse in all forms of detention. JDI reported that they reviewed their database, which did not indicate receiving any information from the facility in the past twelve months. The auditor spoke with a Center for Community Solutions Representative, a community-based victim advocacy organization, who verified that they provide services to residents at the facility. She said the facility provides contact information for the Center for Community Solutions, and all communications with residents are confidential.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	120

15. Average daily population for the past 12 months:	116
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ○ No ◉ 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:	115
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:	0
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:	1
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:	0
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:	0
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:	2
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:	0
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:	0
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:	5
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:	0

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):	The auditor requested a full list of all residents who fit into targeted categories. Due to the size and demographics of the facility, they were limited in the targeted populations.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	31
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:	2
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:	0
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:	The facility reported that there were two volunteers and no contractors at the time of the audit.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random resident interviews were selected to ensure representation across all housing units. In developing the sample, the auditor confirmed that individuals reflected a range of demographic characteristics, including age, race, ethnicity, and duration of placement. The auditor independently conducted the selection without facility influence, ensuring the integrity and neutrality of the interview pool.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ 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):	All resident interviews were conducted in a private setting to ensure confidentiality and prevent others from overhearing. At the start of each interview, the auditor introduced herself, described the PREA audit process, and clearly explained the limits of confidentiality. The auditor utilized the PREA interview protocol in an open-ended format, encouraging residents to share their experiences in their own words. Follow-up questions were asked as needed, including inquiries about residents' perceptions of personal safety, sexual safety, and overall conditions within the facility. The PREA Auditor Handbook requires a minimum of 10 random resident interviews to be completed. The auditor interviewed 12 random residents, oversampling to ensure the required total was completed.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
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".	
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents classified as having a physical disability during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who met the definition of having a physical disability for PREA interview sampling purposes.
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:	1
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
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	According to facility leadership, there were no residents classified as being blind or having low vision during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who met the definition of being blind or having low vision for PREA interview sampling purposes.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents classified as being deaf or hard of hearing during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who met the definition of being deaf or hard of hearing for PREA interview sampling purposes.
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents classified as limited English proficient during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who met the definition of being limited English proficient for PREA interview sampling purposes.
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:	2
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	According to facility leadership, there were no residents who identified as transgender or intersex during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who was transgender or intersex for PREA interview sampling purposes.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents who reported sexual abuse during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who reported sexual abuse for PREA interview sampling purposes.
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:	5

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility does not have segregated housing.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Based on the facility's population size, the PREA Auditor Handbook requires a minimum of 10 targeted resident interviews. The auditor was unable to interview 10 targeted residents, so instead interviewed the 8 who were available and oversampled randomly selected residents.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	13

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ 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):	The auditor was provided with a staff roster and schedule, which were used to select individuals for interviews. Staff were randomly chosen based on their assigned schedule, shift, and length of employment at the facility. Graveyard-shift staff was also included in the interview sample. To ensure representation across all shifts, the auditor randomly selected staff working in a variety of roles throughout the facility. The auditor followed the random staff interview protocol, explained the audit process and the limits of confidentiality, and asked open-ended questions. All interviews were conducted in private locations where conversations could not be overheard. No staff declined to participate. Overall, staff demonstrated that they take PREA seriously and expressed confidence in their ability to respond immediately should an incident occur. Staff generally reported that they enjoy working at the facility and consider it a safe environment.

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):	9
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Because the facility was small, some specialized staff members took on multiple roles and were interviewed for more than one purpose.

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

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).	Prior to the site review, the auditor sent the facility an introductory email outlining the materials needed for the audit and providing a draft schedule. On the first day of the onsite review, the auditor arrived and met with facility leadership to explain the audit process. The Program Director had prepared several documents, including all information required for the site review. The auditor was granted unfettered access to the entire facility for the duration of the visit. The Program Director provided a comprehensive tour of the facility, highlighting PREA signage throughout. All housing units, dayrooms, conference rooms, recreation rooms, staff offices, and the kitchen and dining areas were observed. During the onsite visit, Security staff explained the camera monitoring system, and the auditor was able to view each camera location and its corresponding coverage on the video monitors. All cameras were observed to be functioning properly at the time of the review. PREA postings were displayed throughout the facility, and they included PREA reporting information, PREA handouts were in multiple languages, the agency’s Zero-Tolerance Policy, and contact information for local rape crisis centers. The auditor also observed the PREA Audit Notice posted throughout both sites. The auditor was able to speak freely with both staff and residents during the onsite visit. The auditor was provided with a private office for the duration of the onsite visit. Residents and staff consistently reported that they were aware of the audit and understood their ability to speak with the auditor. Most residents have access to personal cell phones; however, a phone is also available in the dayroom. Residents without personal phones reported that staff assist them in coordinating free, confidential calls upon request.

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.	
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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor initially independently selected twenty resident files for review, which included the files of every resident interviewed during the on-site audit. These records contained PREA risk screenings, PREA education documentation, and other materials relevant to the PREA audit. The auditor continued to independently select additional resident files throughout the corrective action period. In addition to resident files, the auditor independently selected and reviewed eighteen employee files. These records included new-hire documentation, PREA training records, criminal history check information, and other materials associated with PREA compliance. Although the facility does not currently utilize contractors, the auditor reviewed PREA training records for volunteers. Standard-specific documentation reviewed by the auditor is described in the narrative for each applicable standard. There were no barriers to accessing or reviewing documentation. The Program Director and other staff were consistently responsive to the auditor’s requests and provided all materials promptly. The auditor retained copies of each document reviewed.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	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	0	0	0	0
Total	0	0	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:	0

a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse during the documentation review period for the auditor to examine. Additionally, there was no indication—through file review, onsite observations, or interviews with residents and staff—that any allegation of sexual abuse had occurred and gone uninvestigated.
86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment during the documentation review period for the auditor to examine. Additionally, there was no indication—through file review, onsite observations, or interviews with residents and staff—that any allegation of sexual harassment had occurred and gone uninvestigated.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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.	○ Yes ◉ 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
• 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
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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Position Description of the Senior Director, PREA Programs and Compliance · Agency Organizational Chart · Q & A with Agency Head Designee · Memorandum Appointment of PREA Coordinator (PC) · PREA Zero Tolerance Policy Acknowledgement 14-2J-CC Interviews Conducted:

	· PREA Coordinator · PREA Compliance Manager · Agency Head Designee · Random Staff · Random Residents · Contractor · Volunteers 115.211 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response is a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It states, “CoreCivic is committed to protecting residents in community corrections facilities from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment. Sexual abuse in correctional institutions, including community confinement facilities, is a public safety issue that can impact facility order and security. It victimizes vulnerable residents, causes psychological trauma, can increase the spread of communicable diseases, and can elevate the risk of violence and tension. CoreCivic has zero tolerance toward all forms of sexual abuse and sexual harassment.” CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response outlines the agency’s approach to preventing, detecting, and responding to such conduct. The policy covers zero tolerance, hiring and promotion, training, supervision, and monitoring /staffing plans, upgrades to facilities and technologies, external emotional support services, resident screening, resident orientation, and education, housing and program assignments, limits to cross-gender viewing and searches, reporting sexual abuse and/or sexual harassment, coordinated response/ Sexual Abuse Response Team (SART), response procedures, administrative investigations, criminal investigations, post investigation review, incident classification, resident notifications, disciplinary procedures, collection and use of data and audits. The policy is comprehensive and addresses each PREA standard within it. PREA Zero Tolerance Policy Acknowledgement 14-2J-CC is a form that all employees, contractors, and volunteers must sign, which explains CoreCivic’s zero tolerance policy towards all forms of sexual abuse and sexual harassment. Interviews with staff, contractors, volunteers, and residents verified that the agency and facility reinforce the zero-tolerance policies, and each interviewee understood

	the importance of preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The agency has strategically discussed the zero-tolerance policy in education, training, and materials that are provided. The auditor observed several areas where the zero-tolerance policy was clearly posted throughout the facility, so residents, staff, volunteers, contractors, and employees could be reminded. Interviews with staff and residents showed that they feel safe at the facility. Residents spoke highly about staff and believed any PREA allegation would be taken seriously and immediately responded to. 115.211 (b) Core Civic employs Jillian Shane, an upper-level and agency-wide PREA Coordinator (PC). CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response defines the PC as “an upper-level management FSC employee designated to develop, implement, and oversee CoreCivic’s companywide efforts to comply with the PREA National Standards and the company’s Sexual Abuse Response and Prevention Program. He/she provides supervisory oversight to all CoreCivic facilities, ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy.” The position description provided for PC Shane states her position is a Senior Director of PREA Programs and Compliance. It states the PC “…develops and oversees the implementation of PREA-related policies and procedures to ensure compliance with PREA standards and audit requirements.” The position description's essential functions list several duties, including developing/overseeing the implementation of PREA-related policies/procedures, liaison, and resource for management and partners, coordinating implementation plans and actions, coordinating training as required by the standards, collecting and maintaining data, prepares annual reports, analyzes data to assess and improve the effectiveness of the PREA program. A Q&A with PC was provided to the auditor, which is an overview of the answers to the interview protocol questions for the PREA Coordinator. This documents that the

	PC does have the time to manage all of their PREA-related responsibilities. It also explains that if the PC identifies issues with complying with the PREA standards, they will communicate PREA requirements to all stakeholders, including facility leaders, investigators, and upper management. They will ensure that they are following all PREA standards and PRC guidance. Depending on the problem, they will also respond to facilities in person to provide training or technical assistance to remedy the problem. A copy of a memorandum was provided to the auditor that explains the appointment of Jillian Shane to the position of PC. The organizational chart provided shows PC Shane reporting to the Vice President of Core Services, who is also designated as the Agency Head Designee for the purpose of conducting the PREA interview. The auditor interviewed Jason Medlin, who had been recently appointed as Vice President. The interview with the PC and the Agency Head Designee reinforced that Ms. Shane had the time and authority to complete her duties as the agency PC. Ms. Shane reports that there is another full-time agency-level position that assists her in ensuring statewide compliance with the PREA standards, which was noted as reporting to the PC on the Organizational Chart provided to the auditor. The position is titled Agency Director of PREA Compliance and Investigations, and she was onsite during the audit on behalf of the Agency PREA Coordinator. While onsite and afterward, the auditor was able to observe the PREA coordinator's level of authority, as evident when the Director of PREA Compliance and Investigations was able to let the facility know of issues, on her behalf, and that they would need to change to become PREA compliant. The facility understood she had the authority to direct those changes. Mr. Medlin, the Agency Head Designee and Vice President of Core Services, also discussed the agency PC position and level of responsibility and oversight within the organizational structure, as well as his support of the PREA program at CoreCivic. A Q&A with the CoreCivic VP (on behalf of the Agency Head) was provided to the auditor, which is an overview of the answers to the interview protocol questions for the Agency Head. CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Each

	CoreCivic facility has a designated PREA Compliance Manager to coordinate efforts at the facility level to comply with the PREA Standards". Additionally, the PCM is defined in the policy as: "a manager appointed by the Facility Director who maintains responsibility for the facility's Sexual Abuse Response and Prevention Program." Interviews with staff and others at the facility indicated that it was known that Ms. Shane was the designated PREA Coordinator. The auditor was also able to observe her ability to immediately address compliance issues without resistance from others. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · Contract with California Department of Corrections and Rehabilitation (CDCR) Interviews Conducted: · PREA Coordinator · Contract Monitor · PREA Compliance Manager 115.212 (a) The agency reported on the PAQ that they have entered into or renewed a contract for the confinement of residents since the last PREA Audit.

	CoreCivic is a private entity, and other governmental agencies contract with it for the confinement of their residents. The facility provided the auditor with the CDCR Contract and Statement of Work, which states, “If you are providing services for the confinement of our inmates, you and your staff are required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CRCR’s Department Operations Manual, Chapter 5, Article 44, including updates to this policy. This will include CDCR staff and outside personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards.” 115.212 (b) The contract between CDCR and CoreCivic requires that CoreCivic comply with the PREA standards. CDCR staff are duty-stationed at the facility 24 hours a day, seven days a week, to provide oversight of the facility, in part, ensuring compliance with PREA standards. 115.212 (c) The PAQ said that since August 20, 2012, they have not failed to comply with the PREA standards. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Contract with California Department of Corrections and Rehabilitation (CDCR)2025 PREA Staffing Plan · 2025 PREA Staffing Plan

· 2024 PREA Staffing Plan

· 2023 PREA Staffing Plan

· Facility Schedule

· Staffing Logs

· CCTV Views

Interviews Conducted:

· Facility Director

· PREA Coordinator

115.213 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, states "CoreCivic shall develop and annual staffing plan for each facility that provides for adequate levels of staffing to protect residents against sexual abuse. The location of video monitoring systems shall be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration.

a. The physical layout of each facility;

b. The composition of the resident population;

c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

d. Any other relevant factors."

The policy also outlines that the facility PCM will complete the form 14-21 CC Annual PREA Staffing Plan Assessment and forward it to the Operations Supervisor for review. Upon completion, the Operations Supervisor forwards the form to the PREA Coordinator for review.

The Annual PREA Staffing Plan Assessment for 2025, 2024, and 2023 was provided to the auditor as documentation. The staffing plan considers all enumerated factors 1-4 as outlined in the policy and explains any changes since the last staffing plan. The staffing plan form is a checkbox-type document, but it also includes space to list out other relevant factors that are considered, and what changes have been made since the last staffing plan. It would be recommended that the form include sections to explain how the facility is considering each factor, in addition to a yes/no

checkbox.

The contract with CRCR was provided, which states, “The Contractor must provide twenty-four (24) awake and alert supervision, seven (7) days a week. During service hours of operation, a minimum of two (2) journey-level staff are to be present at the MCRP. The “Minimum Required Staffing Levels” based on the proposed MCRP bed capacity are listed in Exhibit F, Program Guide." It also states, “The Contractor is required to have at a minimum, two (2) Monitor staff members, or the equivalent, with no less than a 50:1 ratio, twenty-four (24) hours a day.”

When reviewing the staffing plan for 2025, it appears there is a minimum requirement of three Monitors on each shift, seven days a week. As of the date of the staffing plan reported, there were 117 male residents located at the facility.

The auditor was provided with a screenprint of CCTC views. This layout showed screen prints of camera footage that showed different angles and areas where cameras had been placed. The facility reported there were several cameras strategically placed throughout the facility. The auditor noted that the facility had exceptional camera coverage. Cameras were placed in areas that are considered blind spots.

The PREA Facility Director was interviewed regarding this provision. They were able to explain that this staffing plan is reviewed on an annual basis and ensures all the required factors are considered.

Throughout the site review, the auditor had informal conversations with staff and residents to discuss staff supervision, blind spots, and other concerns. The auditor made recommendations to the facility, as appropriate, to ensure safety. The auditor recommended that the boiler room remain locked when not in use. The facility took immediate steps to replace the lock in that area in order to secure it. The auditor also recommended that they lock a storage closet located in a restroom and review the cooler area to see if there is something that could minimize risk in that area.

115.213 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The facility shall make its best effort to comply, on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. The facility Operations Supervisor is responsible for reviewing the PREA Staff Plan in conjunction with the daily shift roster. Deviations shall be reported in accordance

	with the CoreCivic Policy 5-1 CC Incident Reporting.” If a position identified on the Staffing Plan is vacated for a shift, the Operations Supervisor shall notify the facility's PREA Compliance Manager of the deviations. “The PREA Compliance Manager shall document and describe the deviation along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation.” The PAQ noted there were no deviations from the staffing plan in the past twelve months. During the auditor’s interview with the Facility Director/PCM he explained that deviations would be documented. She also explained that if the facility could not comply with the minimum staffing requirements, staff would be required to work overtime to ensure minimum staffing levels are met. The auditor was able to verify this during interviews. 115.213 (c) CoreCivic Policy CC 14-2 Sexual Abuse Prevention and Response states that “whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to section (D1). The following shall be considered as part of the assessment: a. Prevailing staffing patterns; b. The facility deployment of video monitoring systems/other monitoring technologies; and c. The resources the facility has available to commit to ensure adequate staffing levels.” The staffing plan is completed on an annual basis, and examples for 2023, 2024, and 2025 were provided to the auditor as documentation. The PREA Coordinator was a reviewer on the staffing plan, which describes the staffing plan pursuant to paragraph (a) of this section, the facility’s deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. The PREA Coordinator and the PCM understood this requirement and described the

	process for reviewing annually. Included in this review are the staffing plan, video monitoring system, and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. They explained this is an ongoing review that occurs post-incident as well. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · PREA Overview Curriculum · PREA Overview Facilitator Guide · Signs · Photo of Shower Curtains · Photo of Toilet Areas · Search Procedure Facilitator Guide · Search Procedures Training Document Roster Interviews Conducted: · Random Staff · Random Residents 115.215 (a) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “strip searches of any resident may be conducted only if authorized by partner agency policy. Cross-gender resident searches (male staff on female

	residents or female staff on male residents) shall not be conducted except in exigent circumstances." The PAQ stated that there had been no cross-gender strip or cross-gender visual body cavity searches of residents. The PREA Overview Curriculum includes cross gender pat search procedures, and the facility provided the Search Procedure Facilitator Guide and the Search Procedures Training Document Roster. The training explains that cross gender strip searches are not permitted absent "exigent circumstances." The auditor asked staff and residents specifically about cross gender strip searches or cross gender visual body cavity searches, and they said the facility did not conduct either. Residents are pat-searched by same-gender staff. Additionally, urinalysis observation is done by the same gender staff. 115.215 (b) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "Pat searches of female residents by male staff are prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order). The facility shall not restrict female resident access to regularly available programming or other out-of-cell opportunities in order to comply with this provision." The PAQ said that there had been no pat-down searches of female residents that were conducted by male staff. The facility is a male-designated facility. 115.215 (c) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy states, "whenever a cross-gender pat search of a female resident or a cross-gender strip search of any resident does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in an incident report in accordance with CoreCivic Policy 5-1 CC Incident Reporting. Details of the exigent circumstances must be included in all log entries and incident reports." The facility is designated for male residents; therefore, this provision is not applicable.

	Interviews with residents and staff indicated that there had not been cross gender strip or body cavity searches, but staff understood that if there was a cross-gender search on a female resident, it would always be documented. There were no examples of this occurring for the auditor to review, or any indication it had occurred in the past. This facility reports they do not conduct strip or body cavity searches. 115.215 (d) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy states, “Residents may 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 living quarter checks.” CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy also states, “staff of the opposite gender is required to announce their presence when entering a resident housing unit. Where a larger housing unit is broken into several individual smaller units, such as pods, cell-blocks, dorms, etc., the staff member must announce as he/she enters each of the smaller individual units. (115.15 (d)) a. A verbal announcement upon arrival is required only when the status quo of the gender supervision on the housing unit changes from exclusively same-gender to mixed- or cross-gender supervision. For example, a female Security Monitor entering a male housing unit is not required to announce if there is already a female Security Monitor in the unit. b. In the event multiple opposite gender staff enter a housing unit simultaneously, only one of the opposite gender staff need make the announcement. c. Announcements are required for both security and non-security staff. d. Staff roving from one pod/dormitory to another inside of a larger unit must re-announce each time they enter e. Staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to safety or security (e.g. fire alarms, or contraband detection).” The auditor formally interviewed 20 residents. All reported that they had the ability to shower, perform bodily functions, and change their clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, unless incidental to a routine cell check. They also indicated that staff of the opposite gender announce their presence when entering a housing unit.

	The facility has signage posted that states “All activities are monitored by camera. Dressing and undressing in the sleeping area is strictly prohibited”. The signage is in English and Spanish. A photo of showers was provided for the auditor. The showers do not have individual stall front doors, but they do have a curtain in the entrance of the shower area. A photo of toilet areas was provided to the auditor, which shows individual stalls with doors. Both security, non-security, and management staff who were interviewed said that opposite-gender staff announce their presence when entering a housing unit and may only see a resident in a state of undress if it was incidental to a routine living quarter check. All staff understood their responsibility to limit cross-gender viewing to only exigent circumstances or when incidental to a routine living quarter. Residents who were interviewed explained that they treat the showers as individual showers, and only one resident showers at a time. The auditor conducted a thorough site review of the facility. The auditor observed opposite gender announcements taking place by opposite gender staff announcing they were entering the living quarters and announcing their gender. Staff and residents indicated they do this at all hours, even during the graveyard. The auditor interviewed both graveyard staff who were available at the time of the audit, and they said they would announce themselves when entering a resident’s living quarters. 115.215 (e) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy states, “The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” The PAQ noted that such searches have not occurred in the past twelve months.

	Staff who were interviewed indicated that they would never search a transgender or intersex resident for the sole purpose of determining their genital status. Staff do not conduct unclothed/strip searches on any resident and would not on a transgender or intersex resident. Search Procedure Facilitator Guide was provided to the auditor, explaining that "staff may not conduct strip searches for the sole purpose of identifying a resident's gender. If a resident's genital status is unknown, an agency can determine it through conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." It also explains that searches of transgender or intersex residents should be carried out in accordance with the resident's gender identity and by asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. Residents who are suspected of changing gender identity and search preferences or both to evade security screening procedures should be reported to supervisory personnel. Staff should never conduct "dual gender" pat searches, where the staff of one gender searches the top half of the resident. and the staff of the other gender searches the bottom half of the resident." On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors, noting the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations for this provision of the standard until further notice. Although the auditor is currently prohibited from making a compliance determination related to this provision, it remains important to underscore that the broader purpose of the PREA Standards is to support safe, respectful, and dignified practices within confinement settings. This includes ensuring that transgender and intersex people are not subjected to searches conducted solely for the purpose of determining their genital status. While formal evaluation of this provision is paused, the auditor encourages the facility to continue adhering to trauma-informed, respectful search practices that protect the privacy, safety, and well-being of transgender and intersex individuals, and to maintain procedures that reflect the principles of professionalism and humane treatment.

	Regardless of the directive, the facility is still complying with this provision, which exceeds the minimum requirements at this time. 115.215 (f) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy states, “in addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.” The PAQ explains that one hundred percent of security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The auditor verified through training records that staff who conduct searches have taken this training, as required. The auditor was provided with a copy of the Search Procedure Facilitator Guide, which shows the training staff received. This training covers physical body searching and includes practical exercises. The training includes PREA search considerations, including utilizing the back or blade of the hand to search breast areas, regardless of gender. The training also explains that strip searches are to be conducted by the same sex as the resident getting the search, except in exigent circumstances and in a private area. It explains that if a resident is transgender or intersex, the same-gender search will be conducted in accordance with the gender they identify as. The Search Procedure Facilitator Guide also states that “Cross-gender searches, and searches of transgender and intersex residents, should be conducted professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.” (f) On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors, noting the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations for this provision of the standard until further

	notice. Although the auditor is currently prohibited from making a compliance determination related to this provision, it remains important to underscore that the broader purpose of the PREA Standards is to support safe, respectful, and dignified practices within confinement settings. This includes ensuring that security staff are trained to conduct cross-gender clothed searches in a professional and trauma-informed manner, using the least intrusive methods possible while still meeting legitimate security needs. Even while formal evaluation under this subsection is paused, the auditor encourages the facility to continue strengthening staff training and search practices that prioritize respect, minimize intrusiveness, and uphold the safety and well-being of all individuals in custody. Regardless of the directive, the facility is still complying with this provision, which exceeds the minimum requirements at this time. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard and ***exceeds*** in provisions (e) and (f), as they are complying with both provisions, even though it is not currently required, per a written directive by the Principal Deputy Director of the Bureau of Justice Assistance. Continued compliance with these provisions underscores the facility's commitment to the safety and well-being of all residents in their custody.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Memorandum Regarding Translation Services and Hearing-impaired Services · Intake Pamphlet 14.2 AA in Spanish

	· Intake Pamphlet 14.2 AA in English · Voyce Services Agreement · PREA Handbook in Spanish · PREA Handbook in English · Voyce Activation Email · Voyce OPI Access Instructions · Muti-Need Offender Training Rosters · PREA: What You Need to Know Video Transcript · Photo of Handicap Payphone and TTY Machine Interviews Conducted: · PREA Coordinator · PREA Compliance Manager · Agency Head Designee · Residents with Disabilities, including Hard of Hearing, Deaf, Blind, or Low Vision · Residents with Disabilities, including Intellectual, Psychiatric, or Speech · Residents who are Limited English Proficient · Risk Screening Staff · Intake Staff 115.216 (a) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment. a. Residents who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY, that are reasonable, effective, and appropriate to the

	needs of the resident shall be provided when simple written or oral communication is not effective. b. The facility will ensure that information is effectively communicated orally, on an individual basis, to residents with limited reading skills, residents who are blind or have low vision, and those who may have difficulty understanding provided information due to intellectual deficiencies, mental health concerns, or speech disabilities." The facility reported there were no hard-of-hearing or deaf residents at the facility. They explained they would be able to utilize a sign language interpreter video relay system that the staff had available. The Voyce Services Agreement showed that American Sign Language was available for the facility to use. A photo of the Handicap Payphone and TTY Machine was provided to the auditor, and also observed when on-site. The facility reported there were no blind or limited vision residents at the facility at the time of the onsite audit, so the auditor was unable to interview them. The facility explained that they would ensure they were able to verbally explain all PREA-related information to anyone who was blind. The auditor interviewed one resident with cognitive disabilities. They were able to explain that they had received all PREA-related information in a way they could understand and felt safe to report an incident, should one occur. There were no residents with physical disabilities available at the time of the audit. The auditor did not see any residents who may have a visible physical disability during the on-site audit. Staff who participate in various PREA processes understand that they would ensure the information was provided on a case-by-case basis, depending on the residents' abilities and needs. The Agency Head designee explained that CoreCivic utilizes a language interpretation service, as well as utilizing staff interpreters. He explained that some facilities have cards that are utilized, as well as a voice translator. 115.216 (b) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "The facility shall take reasonable steps to ensure meaningful access to all

	aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." The auditor was provided with a copy of an email that was dated May 7, 2024, that explains that the facility will transition translation services from Language Line to Voyce Enterprise Translation Services. The email also included Voyce OPI Access instructions, which were also provided to the auditor. The auditor reviewed the Voyce Services Agreement, which explains that language translation services are available by video or telephone, and they can also provide translation services in writing. The auditor was provided with the PREA Handbook and Intake Pamphlet in both English and Spanish. It was reported to the auditor that Spanish is the primary second language at the facility. If a resident spoke another language, they would contact Voyce to ensure someone was able to appropriately translate the information. The auditor observed several PREA postings throughout the facility in Spanish. The auditor was provided with the Sexual Abuse Screening Tool 14-2B-CC in Spanish and English. The facility reported there were no residents who were LEP at the time of the audit. The auditor did not find any evidence that an LEP resident was at the facility through document review or in interviews with staff and residents. 115.216 (c) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility will not rely on residents to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations." Interviews with staff verified that the facility does not rely on resident interpreters, resident readers, or other types of resident assistants for PREA-related conversations unless there is an exigent circumstance. There was no indication that

	this had ever been done in the past at the facility. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Background Documentation/Staff Roster · New Hire Packets · 14-2H CC Self Declaration of Sexual Abuse/Sexual Harassment · 3-20-2B PREA Questionnaire for Prior Institutional Employers · Flash System Memo · Tracking Sheet for Background Checks · Email Regarding Provisional Gate Clearance · CDCR Clearance Letter Interviews Conducted: · PREA Coordinator · PREA Compliance Manager · Human Resources 115.217 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response B Hiring and Promotions states “to the extent permitted by law, CoreCivic will decline

	to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with residents and who has: a. 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); b. 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 c. Been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a., b." The PAQ noted that there were 13 staff hired in the twelve months preceding the audit. The auditor was provided with a list of all staff hired, and the auditor selected and reviewed 10 hire packets to include information required in this provision. Interviews with Human Resources staff indicated that all newly hired staff complete the application, which includes this information. All applicants are asked specifically about these issues, and contractor records are reviewed prior to entry into the facility. A Flash System Memo was provided to the auditor, which explains that CDCR requires all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire. The Live Scan system notifies the department of any subsequent arrests an employee or contractor has on an ongoing basis. 115.217 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states "any incident of sexual harassment shall be considered in determining whether to hire or promote any individual or to enlist the services of any contractor, who may have contact with residents." An interview with Human Resources indicated that the agency/facility would consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact

	with residents. The auditor selected 10 employee files for employees who had been hired or promoted in the twelve months preceding the audit, which supported compliance with this provision. 115.217 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response B Hiring and Promotions states, “Consistent with federal, state, and local law, the facility shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information.” Additionally, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states, “The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form was provided as documentation. It asked the applicable questions. The auditor was able to review new hire records for employees hired in the past twelve months with prior institutional experience, and the applicable form was completed and in their file. The Human Resources Manager explained that this is completed every time there is a new hire. The PAQ noted that there were 13 staff hired in the twelve months preceding the audit. The auditor was provided with a list of all staff hired, and the auditor reviewed 10 new hire packets, to include information required in this provision. The Human Resources staff were interviewed and understood the requirement to complete a criminal history check and check with previous institutional employers to ensure there had not been previously substantiated PREA allegations. She said this is completed prior to every new hire. The auditor reviewed 10 staff who had been hired during the twelve months preceding the audit. Of those 10, three had prior institutional experience. The auditor reviewed copies of the 3-20-2B PREA Questionnaire for Prior Institutional Employers for each of the four employees. 115.217 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states, “Before hiring new employees or enlisting the service of any contractor who may have contact with residents, CoreCivic shall ensure that a

	criminal history record check has been conducted.” The PAQ noted that there were 13 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. The auditor was told there were no contractors that was working for the facility at the time of the site review. The Human Resources staff were interviewed and understood the requirement for contractors to have a criminal history check prior to contact with residents. She explained that this is always completed prior to them entering the facility. 115.217 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states, “CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with residents, or have in place a system for otherwise capturing such information.” The auditor independently selected and was provided with documentation for 18 of the 31 total staff, which showed they had received criminal history checks within the past five years. 115.217 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states, “The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by employees as part of the promotional process, including both inter-facility promotions and intra-facility promotions. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by current employees and contractors on an annual basis to serve as verification of the fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The annual signature shall be in lieu of having the form completed as part of an annual review process. The completed 14-2H form shall be retained in each employee's personnel file”. The 14-2H Self Declaration of Sexual Abuse/Sexual Harassment was provided as documentation. It asks if the employee/applicant/contractor about previous allegations as defined in 115.17 (a), and states they have a continuing affirmative

	duty to disclose any facts that would change any of the answers, and explains that material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination or refusal to hire. The Human Resources Manager said the facility does conduct an annual evaluation, but the employee does not conduct a self-evaluation as part of that process. The auditor reviewed the 14-2H Self Declaration of Sexual Abuse/Sexual Harassment form is completed annually by all staff, and documentation was provided for the 18 total staff files independently selected by the auditor for review. 115.217 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “To the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.” There were no examples of this occurring; however, the Human Resources Manager was aware of the requirement. 115.217 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such former employee has applied to work.” The facility's Human Resources reported there were no examples of this information being requested; however, they were also aware of the requirement and would comply. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Camera Layout · Form 07-01B1 PREA Physical Plant Considerations Interviews Conducted: · Agency Head · Facility Director · PREA Coordinator · PREA Compliance Manager 115.218 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect residents from sexual abuse. Considerations for modifications and renovations shall be documented on form 7-1B PREA Physical Plant Considerations.” The pre-audit questionnaire states that there had been no new substantial expansions or modifications to the facility since the last PREA audit. The auditor did not see any areas where there had been expansions or modifications during the site review. The form 07-01B1 PREA Physical Plant Considerations was submitted as documentation. The form discusses the considerations for the project and asks to consider how technology may enhance the agency’s ability to protect a resident from sexual abuse. The form indicates that the staff completing it should review and explain the following: · The layout of the cells/dormitories/rooms enables adequate supervision of residents. · The existence of blind spots that may require correction by the addition of cameras, mirrors, or additional staff.

	· Design/layout of shower stalls and/or shower areas enables residents to shower without staff of the opposite gender viewing breasts, buttocks, or genitalia. · Design/layout of the toilets (including urinals) enables residents to perform bodily functions without staff of the opposite gender viewing breasts, buttocks, or genitalia. · For installation or updates of a video monitoring system, electronic surveillance system consideration was given as to how this technology enhanced the ability to protect residents from sexual abuse. · Other The Agency Head explained the process for ensuring this is completed. He said the PREA Coordinator for the Agency is involved in any modifications that are made at any of the CoreCivic facilities. He explained that buildings are designed by architects who are very experienced in designing correctional facilities. The PREA Coordinator explained that they have a Real Estate Team at CoreCivic that is involved in any of these types of projects and ensures that PREA is appropriately considered. 115.218 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.” The facility provided the auditor with a camera layout that showed the camera locations. The Agency Head Designee explained during his interview in detail how the agency replaces and expands camera systems. He states they have an agency commitment to have high-quality camera coverage. The Facility Director discussed the process for obtaining additional technology and explained that there is a constant review to ensure that any blind spots are

	appropriately addressed with staffing or video monitoring. As new areas are identified that need cameras, she requests them. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · CoreCivic Form 14-2C-CC Sexual Abuse Incident Check Sheet · Email Chains Re: MOU attempts between CoreCivic and San Diego Police Department · Memorandum Dated 3/11/2026 Regarding 115.221 · Documentation of MOU attempts with the Center for Community Solutions · San Diego PD Procedure for Physical Examination of Sex Crime Victims and Suspects Interviews Conducted: · PREA Coordinator · PREA Compliance Manager · Investigators · Shift Supervisors · Center for Community Solutions Representative · SANE Nurse

· Contract Monitor Employed by CDCR

115.221 (a) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.”

Interviews with staff indicated some confusion around evidence protocols, but all were able to say they would keep the residents safe and immediately report the allegation to a supervisor. There were no staff members who had responded to an incident that needed evidence collection who were interviewed. Employees had first responder cards, which included evidence preservation steps. The auditor recommended that the facility look for ways to provide refresher information to staff on evidence collection protocols, including desktop exercises, since there are so few incidents that occur.

The auditor spoke with the Contract Monitor, who is duty-stationed at the facility, but is employed by CDCR. He explained that in the event of a PREA allegation that required evidence collection, CDRC staff would be at the facility to assist with such collection. CDCR has trained ISU staff who are criminal investigators, well-trained in evidence collection procedures.

The auditor was provided with the San Diego PD Procedure for Physical Examination of Sex Crime Victims and Suspects. It explains the process for SANE examinations.

115.221 (b) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the 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.”

The CoreCivic Form 14-2C-CC Sexual Abuse Incident Check Sheet was reviewed and complies with this provision. It should also be noted that this facility does not house youthful residents.

	115.221 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, "The investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible." The facility reported in the PAQ that there were no SANE examinations in the past twelve months, and all were performed by a SANE/SAFE and were without financial cost. The auditor was provided with the San Diego PD Procedure for Physical Examination of Sex Crime Victims and Suspects. It explains the process for SANE examinations. It states, "Sexual assault exams should generally be obtained as close in time to the assault as possible, or within the first 120 hours after the sexual assault." It also states, "There will be no charge to the patient." It explains there are three hospitals where SART examinations can be provided, and it will be determined by the Sex Crimes Unit Sergeant which hospital will be utilized. The three hospitals are Palamar Health, Family Justice Center, and Forensic Health Services. Palomar Health is the primary service provider. The auditor contacted a SANE at Palomar Health who was able to explain the SANE process and indicated that they would be provided at no cost to the resident. 115.221 (d) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center." Additionally, it states, "if unable to secure the services of a victim advocate to accompany the alleged victim to the SAFE/SANE exam, and if requested by the victim, the facility may use a qualified facility staff member for this purpose." The auditor was provided documentation of an MOU attempt, which states that an attempt to contact the Center for Community Solutions on their webpage was made on 2/24/2026, and a Treatment Manager at the facility also left a phone message for someone to contact the facility. The auditor contacted a representative from the Center for Community Solutions to discuss the services they provide at the facility. She explained that they would be

	able to respond to accompany the victim during a SAFE/SANE exam and during investigative interviews. 115.221 (e) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “As requested by the victim, either a victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.” San Diego PD Procedure for Physical Examination of Sex Crime Victims and Suspects explains that they have an MOU with the Center for Community Solutions to provide advocacy services for sexual assault victims. When an officer advises they are on the way to the hospital, the SART nurse will notify the sexual assault crisis advocate, who will respond to the hospital to provide support for the victim. The auditor spoke with the Contract Monitor, who is duty-stationed at the facility, but is employed by CDCR. He explained that CDCR also has an MOU with the Center for Community Solutions that would be utilized to ensure a victim advocate is made available. The auditor contacted a representative from the Center for Community Solutions to discuss the services they provide at the facility. She said that they are able to accompany and support the victim through the forensic medical examination process and investigatory interviews. They also provide emotional support, crisis intervention, information, and referrals. The auditor contacted a SANE, who also verified that advocacy services from a rape crisis center would be made available during the forensic examination. 115.221 (f) The facility states they have requested that the San Diego Police Department comply with the national PREA standards C.R.S. The facility provided the auditor with email documentation of such requests. The auditor was provided a memorandum, dated March 11, 2026, which states, “San Diego Police Department stated verbally to the Ocean View/Boston Ave. Quality Assurance Manager that they will not sign the MOU with Ocean View/Boston Ave., but will continue to provide services and answer calls.”

	It is clear from the MOU attempts that the facility has requested the agency to be compliant with PREA standards. The auditor recommended the facility continue to attempt to build upon the relationship with the San Diego Police Department. The auditor spoke with the Contract Monitor, who is duty-stationed at the facility, but is employed by CDCR. He explained that CDCR is also able to conduct criminal investigations and would work collaboratively with the facility and the San Diego Police Department to ensure PREA standards were followed. He stated that CDCR follows PREA standard protocols. 115.221 (g) The facility understands that the requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and The auditor spoke with the Contract Monitor, who is duty-stationed at the facility; however, the Contract Monitor is employed by CDCR, which is a state agency. He explained that CDCR complies with all PREA standards and would do so when conducting criminal investigations. (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails. There are currently no state agencies or Department of Justice components that are responsible for investigating allegations of sexual abuse at the facility, but they understand the requirements if that should occur. 115.221 (h) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “If unable to secure the services of a victim advocate to accompany the alleged victim to the SAFE/SANE exam and if requested by the victim, the facility may use a qualified facility staff member for this purpose. The staff member must have been screened by SART and the Facility Director/Facility Administrator/ designee for appropriateness to serve in this role and must have received documented education concerning sexual assault and forensic examination issues.”

	The facility said there were no staff who might serve in this role, as the Center for Community Solutions will provide services. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · CoreCivic PREA Web Page Interviews Conducted: · PREA Coordinator · PREA Compliance Manager · Investigator · Contract Monitor Employed by CDCR 115.222 (a) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The Facility Director shall ensure that an administrative investigation and/or a referral for a criminal investigation is completed for all allegations of sexual abuse and sexual harassment.” It also states, “Administrative Duty Officer (ADO) staff, the PREA Compliance Manager, Facility Director or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potential criminal behavior or the allegation would not be considered a criminal act under federal, state, or local law.”

	The facility reported there were no allegations of sexual abuse and sexual harassment in the twelve months preceding the audit. The auditor interviewed an investigator at the facility who conducts administrative investigations of sexual abuse or sexual harassment. The investigator explained that an investigation would always be completed for every allegation. The auditor spoke with the Contract Monitor, who is duty-stationed at the facility, but is employed by CDCR. He explained that CDCR would work collaboratively with the facility to ensure that an investigation (either administrative, criminal, or both) would always be conducted for all allegations of sexual abuse and sexual harassment. 115.222 (b) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse. All allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency or entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.” The facility reported there were no allegations of sexual abuse and sexual harassment in the twelve months preceding the audit. The auditor spoke with the Contract Monitor, who is duty-stationed at the facility, but is employed by CDCR. He explained that CDCR would work collaboratively with the facility and the San Diego Police Department to ensure that any allegation would be referred to the appropriate investigative entity with the legal authority to conduct criminal investigations, unless the allegation did not involve potentially criminal behavior. He said that both the San Diego Police Department and the CDCR have legal authority to conduct such investigations. 115.222 (c) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response outlines the agency’s approach to conducting criminal investigation, including a referral to local law enforcement, as appropriate. The San Diego Police Department and the CDCR are responsible for criminal investigations at the facility. The facility has reported that they are trying to enter into an MOU with the San Diego Police Department, but they were not willing to sign an agreement. They reported they are already providing all investigations, as required, without an MOU.

	The facility provided the auditor a publication on the facility's website that explains that criminal investigations are generally referred via agreement to Local Law Enforcement Agencies or Investigating bodies under the authority of the Contracting Authority. The investigator interviewed was able to explain the responsibilities of CoreCivic and the San Diego Police Department. The auditor spoke with the Contract Monitor, who is duty-stationed at the facility, but is employed by CDCR. He explained that CDCR would work collaboratively with the facility to ensure that an investigation (either administrative, criminal, or both) would always be conducted for all allegations of sexual abuse and sexual harassment. 115.222 (d-e) The CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "CoreCivic is not a state entity or component of the Department of Justice responsible for investigating allegations of sexual abuse." It also states that if the contracting governmental agency utilizes an internal investigative process (e.g. a Department of Corrections Office of the Inspector General) required by contract, statute, or regulation, that agency's investigative process and policy will be followed for allegations of sexual abuse." The facility understands that any state entity or Department of Justice component that would be responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. There is currently no such agency responsible for conducting these investigations, but the facility is aware of the requirements should that change. The facility reported there were no allegations of sexual abuse and sexual harassment in the twelve months preceding the audit. An interview with an administrative investigator and the Contract Monitor also indicated this had not occurred.

	Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic PREA Overview Training Slides and Transcript · CoreCivic PREA Overview Participant Workbook · CoreCivic PREA Overview Curriculum and Acknowledgement Document · CoreCivic Supervising Female Inmates- PREA What you Need to Know Training · CoreCivic Form 14-2A PREA Training Acknowledgment - Pre-Service and In-Service · CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement · Inservice Slides and Narrator Export · PREA Training Transcripts for 2025-2026 · Screen Print of Electronic Signatures Interviews Conducted: · PREA Compliance Manager · Random staff 115.231 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “All CoreCivic facility employees shall receive comprehensive training on preventing, detecting, and responding to sexual abuse and sexual harassment. At a minimum,

	all employees shall receive pre-service and annual in-service training on the following: a. The CoreCivic zero-tolerance policy for sexual abuse and sexual harassment; b. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy; c. The right of residents to be free from sexual abuse and sexual harassment d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. The dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur; f. Signs of victimization and the common reactions of sexual abuse and sexual harassment victims; g. How to detect and respond to signs of threatened and actual sexual abuse; h. How to avoid inappropriate relationships with residents; i. How to communicate effectively and professionally with residents, including LGBTI and gender non-conforming residents; and j. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities.” In the auditor’s review of CoreCivic’s PREA training, it was determined it covers all components of this requirement. The auditor was also provided with the facilitators’ guide and participants’ workbook for the training. New employee training is completed in person, prior to starting work at the facility. Staff interviews indicated a good understanding of the PREA training they have received. Staff were able to list several components they remembered being trained on, and explained that they are trained annually on these topics. The auditor reviewed training rosters that showed all staff had minimally been trained in each requirement of this provision. 115.231 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states,

	“Such training shall be tailored to the gender of the residents at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of resident (i.e. male facility to a female facility or vice versa) shall receive additional training.” Both genders were thoroughly discussed in the regular training provided; however, the auditor was also provided with CoreCivic Supervising Female Inmates- PREA What you Need to Know Training. This training is provided to employees when moving from a male-designated facility to a female-designated facility. 115.231 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states that employees shall receive annual PREA training. Since this provision requires that employees receive refresher training every two years, and refresher information in off years, the facility exceeds this provision of the standard by policy. The auditor was provided with Inservice Slides and Narrator Export, which is a comprehensive training that includes required information and has several test questions throughout the training that the employee must complete to check their knowledge of the topic. The auditor independently selected and interviewed 13 random staff who were able to recall the PREA training they had received. 115.231 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Employees shall be required to confirm, by either electronic or manual signature, their understanding of the training that they have received. At Pre-Service Training and annual In-Service Training, each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgment - Pre-Service and In-Service form. Signed documentation will be maintained in the employee's training and/or HR file.” CoreCivic PREA Overview Curriculum and Acknowledgement Documents were provided that show the employees understand the training they have received through their signature/electronic verification. Additionally, a screen print was provided that shows in order to complete the PREA course, an electronic signature is

	required, which states, “I do hereby document that I have received training on the Prison Rape Elimination Act (PREA) in accordance to PREA Standards 115.31 (a) (1)-(10) and 115.15 (f) and I understand the training that I have received.” Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · PREA Video · CoreCivic PREA Training Acknowledgment Forms · Memorandum RE: 115.232 · Visitor Log · Training Roster Interviews Conducted: · Volunteers 115.232 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “All volunteers and contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy.” Contractors and volunteers in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form, which provides basic training on zero-

	tolerance reporting. The facility said they have no contractors and two volunteers. There were no volunteers at the facility during the onsite visit, so the auditor contacted them after the audit on the telephone. The volunteer that was interviewed was well-versed in PREA and remembered their PREA training. They were able to describe how they would respond to a PREA incident if one were to occur. 115.232 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents. All volunteers and contractors who have contact with residents shall acknowledge the CoreCivic zero-tolerance policy regarding sexual abuse and sexual harassment, and information on how to report such incidents. All volunteers and contractors shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form (115.32 (b)). i. Contractors, including but not limited to medical, mental health, education, and food service, shall receive the same PREA training required of all CoreCivic employees who have contact with residents. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment - Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms.” These requirements prioritize the level and type of training based on the services they provide and the level of contact they have with residents. The facility reported that all volunteers are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment when filling out the 14-2J PREA Zero Tolerance Policy Acknowledgment forms and/or the 14-2A PREA Training Acknowledgment forms. Since the facility does not have full-time volunteers, all are required to sign the 14-2A PREA Training Acknowledgment form. The facility reported they did not have any current contractors at the time of the audit. The facility did state that on occasion, they may have a contractor come in escorted, who would have limited or no contact with residents. It was discovered that they did not sign the 14-2A PREA Training Acknowledgement form since they were escorted. The auditor was provided with a memorandum, which states, “As of March 11.2026, Boston Ave began using a sign-in-out log for visitors and contractors that includes the training and acknowledgement.” The auditor was able to view this log when she was onsite, and a copy of the blank log was provided to her, which states, “By signing into Boston Avenue, I acknowledge that I am aware of the facility policy of zero tolerance related to sexual abuse and sexual harassment, as well as my duty to immediately report any such activities to staff. More information can be

	obtained upon my request.” The auditor determined this satisfied the training requirement, since the level of contact with residents is minimal and they are always escorted and under direct supervision. 115.232 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “The signed documentation confirming that each volunteer or contractor understands the training that he/she has received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Facility Director or PREA Compliance Manager.” This satisfies the requirement that the agency maintain documentation confirming that volunteers understand the training they receive; however, the auditor was provided with four forms that were all signed directly before the onsite audit. In discussions, it appears the facility was unable to locate the documentation, so they ensured all volunteers currently at the facility signed it. The facility entered into a corrective action plan, in which a process was developed to ensure all new volunteers and contractors receive the training, and the documentation is retained. On 4/7/2026, an approved volunteer memorandum was provided to the auditor, which outlined the procedures for processing volunteers. It states that once approved, volunteers have been provided with 90-day conditional clearance by CDCR; HR staff will notify the Program Supervisor/designee, and they will contact the volunteer to schedule Volunteer Orientation and Training. During orientation, the volunteer/contractor will be provided information on how to report allegations and incidents of sexual abuse and sexual harassment, and will sign the 14-2A-CC PREA Acknowledgement Form. The signed documentation confirming that each volunteer or contractor understands the training that he/she received will be kept in the volunteer or contractor’s file. Corrective Action and Conclusion: The facility entered into a corrective action period, in which the auditor monitored compliance to ensure institutionalization. During the corrective action period, there were two volunteers who were cleared to come into the facility and were trained. Documentation of training was provided to the auditor, which shows this standard has been institutionalized. The auditor now finds the facility in full compliance with

	this standard.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · PREA Advisement with Picture · PREA Orientation Form · PREA Posters · PREA Video · PREA Video Transcript – PREA: What You Need to Know · Resident Handbook – English · Resident Handbook - Spanish · CoreCivic Intake Pamphlet - English · CoreCivic Intake Pamphlet - Spanish · PREA Posters/Postings · Receipt of Handbook · Participant Right to Know: PREA Training Acknowledgement · Resident Files · Voyce Language Instructions · Voyce Activation Email Interviews Conducted: · Random Residents · Intake/Program Staff

	115.233 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "Upon arrival at the facility for intake, each resident shall be provided with information regarding sexual abuse prevention and reporting (e.g. resident handbook, CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure, contracting agency brochure, handout, etc.)". The facility reports that there were 169 residents admitted, and the PAQ said all were provided with this information at intake in the twelve months preceding the audit. It was verified during the site review that there are PREA postings and other written information in the intake areas within the facility. The program staff that typically conducts PREA education explained to the auditor that they ensure the resident has a PREA pamphlet and handbook that includes PREA information. They also show residents' PREA videos in a private room. The resident then signs a form acknowledging that they have received this information and have had a risk screening. Each resident is provided with a handbook, which educates residents on its zero-tolerance policy, how to report an incident of sexual abuse or sexual harassment, PREA definitions, PREA response, including the investigative process, confidentiality, medical and mental health response, and how to contact treatment or crisis centers for emotional support services. The handbook is available in English and Spanish. The auditor received a list of all residents who entered the facility within the past twelve months. Upon review, the auditor independently selected 20 files to review, ensuring selections from every month. Each file, but one, indicated residents had received PREA education; none indicated it was provided at intake. Upon further review, the facility provided the auditor with a receipt of the handbook for each of the 20 files that were selected. The handbook includes PREA information, including the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions, and the right to be free from sexual abuse and sexual harassment, and retaliation for reporting such incidents. It also includes policies and procedures for responding to such incidents. Almost all the residents who were interviewed remembered hearing about PREA, watching the PREA video, and receiving a handbook when they arrived at the

	facility. Additionally, every resident said the facility is safe, and that staff took PREA seriously, and they believed if they reported an incident, it would be immediately addressed. 115.233(b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "Residents who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training." This facility does receive residents who are transferred from other facilities. The interviews with staff who provide education indicated that every resident receives the full education, regardless of transfer. The auditor verified through document review that this is in practice. 115.233(c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, "The facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled or Limited English Proficient (LEP). At this facility, the following information is provided at intake: PREA Brochure and California Covered Handout" The auditor reviewed all documentation of education provided to residents at intake, including these educational materials in English and Spanish. The facility understood that they shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility said it will ensure that information is effectively communicated orally, on an individual basis, to residents with limited reading skills. In the event a resident has difficulty understanding provided information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such residents on an individual basis. The auditor interviewed one resident who did not read or write, and one with cognitive disabilities. Both told the auditor they had received PREA education in a

	format they could understand. The resident with cognitive disabilities was assigned a staff member to assist in ensuring that the information he receives is communicated in a basic format that is understood by him. Residents who are deaf or hard of hearing have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY, that are reasonable, effective, and appropriate to the needs of the resident, are provided when simple written or oral communication is not effective. Additional information regarding this provision can be found in the narrative for standard 115.216. The facility indicated there were no residents who were deaf/hard of hearing or required the use of a sign language interpreter at the time of the site review. There were no residents who were reported as being blind at the time of the site review; however, the facility reports it would ensure that education would be provided in a format accessible. The video is reported to be narrated, and staff reported they would verbally explain all PREA information. PREA information was provided to the resident population in Spanish, which is the primary secondary language at the facility, including the PREA Video, Brochure, Handbook, and PREA Orientation Form. The auditor was also provided with an email explaining the implementation of a new language service and information on how to access that service. The auditor was told there were no residents at the facility who were limited English proficient at the time of the site review. 115.233 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Residents shall sign indicating acknowledgment that they have received Intake information, and this documentation shall be maintained by the facility in the resident file.” The agency maintains documentation of the resident’s participation in educational sessions by maintaining a Receipt of Handbook and Participant Right to Know: PREA Training Acknowledgement, which states, “I acknowledge that I have been given the Prison Rape Elimination Act (PREA) Training as part of my orientation with CoreCivic, Male Community Reentry Program (MCRP). I understand that this training is designed to give me general information on Federal Law and to be safe while placed at the San Diego Male Community Reentry Program. I have been notified and

	understand who and how to report a PREA incident. Lastly, I have received the PREA pamphlet." The auditor was able to verify this documentation for 20 residents' files that were independently selected by the auditor. The auditor randomly selected the resident records by asking for a list of all residents who had entered the facility in the past twelve months. 115.233 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident/ handbooks, or other written formats." Key information is continuously available throughout the facility. The auditor was able to see key information in every resident housing unit/room and in common areas throughout the facility. A variety of PREA postings were provided as proof documentation in 115.251. Please see the narrative for that standard for additional details on postings. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course · PREA Training Documentation

	· Memorandum Regarding Investigator Training Interviews Conducted: · Investigators 115.234 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “In addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PREA Compliance Manager shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a backup during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.)”. A copy of the NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course was provided to the auditor. It was reported that all investigators are required to take this training prior to conducting a PREA allegation. The training is comprehensive and includes a course introduction, an overview of PREA investigations, working with victims, interviewing techniques, and institutional culture and investigation. The auditor reviewed training records for all three investigators at the facility, which showed they had completed the specialized training, as required by this standard. The auditor interviewed a PREA investigator at the facility. He explained the specialized training he received, in addition to the regular PREA training that each employee must take. 115.234 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.” The NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course includes all requirements in this provision, including

	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. The investigator who was interviewed confirmed training on the majority of these topics. 115.234 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file.” The PAQ stated there were three investigators at the facility, and documentation of the completed NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course training was provided for the investigators. The auditor was provided with PREA training certificates for each investigator. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Interviews Conducted:

	· None 115.235 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “In addition to the general training provided to all employees to comply with PREA Standard 115.231, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals shall receive specialized medical training as outlined below: a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and d. How and to whom to report allegations of sexual abuse and sexual harassment. e. CoreCivic staff do not conduct forensic examinations.” The facility reported that they would utilize the NIC Prison Rape Elimination Act (PREA) Specialized Training for Medical and Mental Health. The training was provided to the auditor as documentation, and in review of the training, it covers the topics required by this standard. The facility reported there are no medical and mental health care practitioners who work regularly at the facility, so none have received specialized training as required in this standard. This was confirmed by the auditor while on-site. 115.235 (b) The facility does not conduct forensic medical examinations; therefore, this provision of the standard is not applicable. Interviews with staff confirmed that medical examinations are not conducted at the facility. They would be transported to the hospital if a forensic medical examination is needed. There are no medical or mental health staff employed or contracted by the facility. 115.235 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “Medical and Mental Health Staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file.”

	Since there are no medical or mental health practitioners at the facility, the auditor was unable to receive signed copies of the medical and mental health staff 14-2A1 PREA Training Acknowledgement Specialized Training as documentation for this standard. 115.235 (d) Medical and mental health staff also must receive the training mandated for employees under 115.31 and for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency. Compliance with this provision is discussed in the standard analysis for 115.231 and 115.232; however, there were no medical and mental health practitioners at the facility. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard. Although the facility does not employ or contract medical and mental health staff, they are aware of this requirement should that change in the future

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · CoreCivic Form 14-2B CC Sexual Abuse Screening Tool · Screening Tool Instructions · Completed Screening Forms · Email Regarding Screening Training · Training Roster

	· Inmate Screening and Education Tracker · Supplemental Guide to Completing Assessments and Re-Assessments · Standards In Focus for 115.41 and 115.42 · Screening Tracker · Training Roster for PREA Screenings Interviews Conducted: · Screening Staff · Random Residents 115.241 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “All residents shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.” The facility conducts screenings for residents during intake at the facility utilizing Form 14-2B Sexual Abuse Screening Tool. Interviews with staff at the facility who conduct screening for risk and random residents confirmed that this is the process. The initial screenings are conducted by monitor staff. Staff who were interviewed walked the auditor through the process for conducting initial screenings. 115.241 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “Residents shall be assessed, within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. This includes residents who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of the reception, and residents who have been returned from court, or another leave status.” The PAQ said that all 169 residents who had entered the facility in the twelve

	months prior to the audit had received an initial PREA risk screening within 72 hours. Interviews with security staff who conduct risk screening confirmed that the initial screening is ordinarily conducted on the same day of arrival at the facility, exceeding the requirements of this provision of the standard. All residents who were interviewed confirmed they remembered the initial PREA risk screening. Interviews with the monitor staff completing the initial PREA screening indicated that this is completed on the first day after arrival at the facility. The auditor independently selected 20 screening records for residents who had arrived at the facility in the twelve months preceding the audit. The auditor determined that all screenings, except one who left within 16 hours of arrival at the facility, received the initial screening the same day of arrival, exceeding the requirement that it be conducted within 72 hours of arrival at the facility. 115.241 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires the usage of another form or computerized screening process.” The screening tool was reviewed by the auditor and determined to be objective. 115.241 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: a. Whether the resident has a mental, physical, or developmental disability; b. The age of the resident; c. The physical build of the resident; d. Whether the resident has previously been incarcerated;

	e. Whether the resident’s criminal history is exclusively nonviolent; f. Whether the resident has prior convictions for sex offenses against an adult or child; g. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; h. Whether the resident has previously experienced sexual victimization; i. The resident's own perception of vulnerability; and j. Whether the resident is detained solely for civil immigration purposes.” 14-2B CC Sexual Abuse Screening Tool asks: Section 1: Victimization History/Risk 1. Have you been the victim of sexual abuse or unwelcome sexual activity? 2. Have you ever been threatened with sexual assault by another inmate/resident while incarcerated? 3. Have you ever been approached by another inmate/resident for sex while incarcerated? 4. Do you feel that you are vulnerable to sexual abuse or assault while incarcerated? 5. Is your sexual orientation or status lesbian, gay, bisexual, transgender, intersex, or gender non-conforming, or do you believe you are perceived to be lesbian, gay, bisexual, transgender, intersex, or gender non-conforming? 6. Do you have a physical, mental, or developmental disability? 7. Do you have a current or prior conviction for sexual offense/abuse against a child or adult? Staff Observation/File Review: 8. Inmate/Resident appears to be physically, developmentally, or mentally disabled. 9. Inmate/Resident has a small build or appears to be vulnerable. 10. Resident appears to be gender non-conforming, lesbian, gay, bisexual, transgender, or intersex 11. Inmate/Resident appears to be a loner, introverted, or naïve. 12. Inmate/Resident has a youthful or elderly appearance, which may contribute to vulnerability.

	13. This is the first time the resident has been incarcerated. 14. Inmate/Resident has only non-violent offenses or institutional records. Each section has room for the staff conducting the screening to make comments. The screening form is a paper format; however, staff are to verbally ask residents the questions. The staff determines the answers by verifying some of the information provided. 14-2B Sexual Abuse Screening Tool: Directions for Completion states: “1. For the purposes of numbers 14 and 19, violence should be considered in instances where the violence is against a person(s) and would not include the destruction of property. 2. It should also be noted that questions 7 and 18 are the same (Do you have a current or prior conviction of sexual offense/abuse against a child or adult?). The question only needs to be asked once, but the response should be provided in both areas. It has been intentionally duplicated in both sections I and II based on the fact that this behavior can be both an indicator of potential victimization and predatory behavior. 3. Comments should be provided for any YES answer in the space provided below each question or staff observation/file review item. As an example, if the resident responds he/she has been the victim of sexual assault or unwelcomed activity, and are willing to share information regarding the incident, provide a brief description (i.e., raped while in the community, sexually abused by a parent when young, other residents sexually harassed him/her, etc.). This would also apply to the staff observation items. As an example, to the observation of whether the resident appears to be a loner, introverted, or naive, a yes answer would result in staff providing why they perceived the resident in this manner (appeared to be very quiet, lacked confidence, extremely shy, averted eye contact, etc.). 4. If the staff observations or file reviews are in conflict with the answers provided by the resident, it should be noted, and any additional YES answers should be taken into consideration in the scoring of each area. (i.e., the resident responds that he/ she has not been convicted of a sexual offense, but the file review reveals a criminal conviction for a sexual offense; the resident/ should receive a YES response for that question). 5. PREA (Prison Rape Elimination Act) alerts for the purpose of tracking predators, potential predators, victims, and potential victims are in OMS as follows: · HOUP – Housing P (Predator);

	· HOUPP – Housing PP (Potential Predator); · HOUPV – Housing PV (Potential Victim); and · HOUV – Housing V (Victim). Use of these alerts should correspond with the findings of the 14-2B Sexual Abuse Screening Tool. As an example, if an individual answers yes to question(s) one and/ or two, the Victim box should be checked on the 14-2B, and they should be assigned an alert for HOUV in OMS. If the screening tool reflects yes answers to three or more of the questions three through sixteen, the Potential Victim box should be checked on the 14-2B, and an alert for HOUPV should be entered in OMS. This same direction applies to answers related to predatory history/risk; however, it should be noted that only two yes answers are required for numbers 18-21 to be considered a Potential Predator. 6. It is very important that the completed sexual abuse screening tools (14-2B) get forwarded to the Health Services Department to ensure further mental health screening and evaluation are completed." The auditor was able to observe the location where the PREA risk screening takes place and discuss the screening with staff. The staff explained the entire PREA screening process to the auditor during the site review, including a review of the criteria used to assess the risk of victimization. All three screeners who were interviewed explained that they had not received training on how to conduct screenings, and they were all doing them differently. One staff member indicated that he had the residents complete their own screening forms and then verbally asked if anything had changed from the last screening. One screener indicated they did not always have a private location to ask the screening questions. The auditor reviewed 20 resident records that included initial screening information to confirm the criteria used. The facility entered into a corrective action period, in which it was required that all staff who conduct PREA screenings be trained on the appropriate way to do so. The auditor requested that screening locations should also be identified to ensure they are always done in a private location. Staff who conduct PREA risk screenings were provided with training on April 1, 2026, and the auditor was provided with a copy of the training roster.

115.241 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.”

14-2B CC Sexual Abuse Screening Tool asks:

Section 2: Predatory History/Risk

16. Do you have a previous conviction of sexual assault or abuse in a prison or jail?

17. Have you received a disciplinary sanction for sexual abuse while incarcerated in a prison or jail?

18. Do you have a current or prior conviction of sexual abuse against a child or adult?

19. Do you have a current or prior conviction of a violent offense against a child or adult?

20. Have you received a disciplinary sanction for violence while incarcerated in a prison or jail?

20. Are there discrepancies between the interview and the file review?

The auditor independently selected 38 screening records for review. All files reviewed included acts of or prior sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive.

115.241 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Within a set period of time not to exceed 30 days from the resident's arrival at the facility, a reassessment of the resident's risk level of victimization or abusiveness will be completed utilizing the 14-2B CC Sexual Abuse Screening Tool, or contracting agency equivalent instrument. The 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days.”

The PAQ noted that all 169 residents who had entered the facility within the past twelve months, whose length of stay was for 30 days or more, 100% had been rescreened within 30 days.

	The facility reported that Case Managers conduct this assessment with residents in a private office location, within 30 days after arrival at the facility. The auditor spoke with Treatment Counselors who conducted the 30-day screenings. The Treatment Counselors explained the process for conducting these reassessments. Only some residents who were interviewed remembered receiving a 30-day PREA risk screening, and a few did not remember or did not believe they had received one. The auditor independently selected 20 screening records for review. Out of those 20 records, 10 were not completed within the 30-day required timeframe. The auditor indicated the facility was not compliant with this provision, and the facility will need to enter into a corrective action period. The facility will be required to identify where the deficiencies are and develop a plan to ensure this is completed within 30 days moving forward. 115.241 (g) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “A reassessment shall also be completed when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and the alleged perpetrator.” The facility was aware of this requirement; however, it said there were no circumstances in which a resident needed to be reassessed. The auditor was unable to locate any information that would require a reassessment. 115.241 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “Residents may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions.” Treatment Counselors and monitor staff who perform screening for risk were able to articulate that a resident would never be disciplined for refusing to participate in a risk screening. When interviewing residents, the auditor was not made aware of a resident who had been disciplined. There was no evidence that this had ever occurred.

	115.241 (i) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive information is not exploited to the resident's detriment by staff or other residents. Measures taken shall include, but are not limited to: a. Sexual Abuse Screening Interviews with residents at intake shall be conducted with as much privacy as is reasonable, given security and safety concerns. b. A resident shall not be permitted to complete his/her own 14-2B CC form (or contracting agency assessment form) or utilize assistance from other residents to complete the form. All 14-2B CC forms shall be completed by staff. c. Residents shall not be permitted to have access to files containing assessment forms belonging to other residents. d. Where assessments are conducted electronically, access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff, and staff with a need to know for the safe and secure operation of the facility.” In interviews with staff at the facility, it is noted that not all staff have access to the PREA screenings. It is limited to only those staff who have a legitimate need to know. Corrective Action and Conclusion: The facility entered into a corrective action period, in which it was required that all staff who conduct PREA screenings be trained in the appropriate way to do so. Screening locations should also be identified to ensure they are always done in a private location. The facility was required to identify where the deficiencies are and develop a plan to ensure this is completed within 30 days moving forward. Prior to the issuance of the interim report, training was provided to all staff who conduct risk screenings, and a roster was provided to the auditor. The facility implemented a corrective action plan, in which a tracker was developed and maintained. Throughout the corrective action period, the auditor independently selected and reviewed additional resident files, including PREA risk screenings. The auditor is satisfied that corrective action has been institutionalized, and finds the facility in full compliance with this standard.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · CoreCivic Form 14-9 Transgender/Intersex Assessment and Treatment Plan · CoreCivic Form 14-2B CC Sexual Abuse Screening Tool · PREA Housing Tracking Spreadsheet · Email to Staff · Memorandum Regarding Transgender Showers Interviews Conducted: · Screening Staff · Random Residents · Gay Residents 115.242 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “All residents shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.” The CoreCivic Form 14-2B CC Sexual Abuse Screening Tool form explains that the screener will need to calculate the resident’s risk of victimization as a known victim or potential victim, or if they are a potential or known predator. The form indicates that if any residents answer YES to questions 1 or 2, they are coded as a victim, and if there are four or more YES answers to the remaining questions 3-14, they would be potential victims. If any residents answer YES to question 15 or 16, they would be scored as a predator, and if they answer YES to two or more of the remaining questions 17-20, they would be a potential predator.

	CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response also states, “The facility shall use the information from the 14-2B Sexual Abuse Screening Tool, or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments, in the consideration of housing, recreation, work program, and other activities.” A PREA Housing Tracking Spreadsheet was provided to the auditor. In reviewing the spreadsheet, it showed that there were no residents who were vulnerable or potentially vulnerable housed in the same room with residents who were aggressive or potentially aggressive. During interviews with staff who conduct the PREA screenings and staff who make housing, work, education, and programming assignments, it was discovered that they were not taking into consideration the PREA designators to make such assignments. The facility entered into a corrective action period, in which they were required to develop a process for these considerations and training for the staff who will need them. 115.242 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The facility shall make individualized case-by-case determinations about how to ensure the safety of each resident”. In interviews with all staff, it was discovered that although this is informally done, they are not considered PREA designators on a case-by-case basis to determine safety. 115.242 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “In deciding whether to house a transgender/intersex resident in a male or female unit, pod, or dormitory within the facility subsequent to arrival or, when making other housing and programming assignments for such residents, the facility shall consider whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems”. On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors, noting

	the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations for this provision of the standard until further notice. While the auditor is currently restricted from making a compliance determination on this provision, it is important to recognize that the overarching purpose of the PREA Standards remains unchanged—to promote sexual safety for all individuals in confinement. This includes ensuring that decisions regarding the housing of transgender and intersex individuals, as well as their access to programs, services, and activities, are made in a manner that prioritizes their safety, dignity, and well-being. Even during the pause in formal compliance assessment, the auditor encourages the facility to continue applying individualized, case-by-case assessments and to consider threats to safety when making housing and programming assignments for transgender and intersex people, consistent with PREA's foundational principles of protection and respect for vulnerable populations. Regardless of the directive, the facility is still complying with this provision, which exceeds the minimum requirements at this time. 115.242 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "Transgender or intersex resident gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments". In addition, it states that any individual who is incarcerated by the CDCR who is transgender, nonbinary, or intersex, regardless of anatomy, shall be housed at a correctional facility designated for men or women, depending on the individual's preference. It clarifies that this also applies to community reentry programs, such as this facility. Staff said if a transgender or intersex resident was housed at the facility, their opinion would be given serious consideration in all housing and program assignments. On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors noting

	the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations for this provision of the standard until further notice. While the auditor is currently restricted from making a compliance determination on this provision, it is important to recognize that the overarching purpose of the PREA Standards remains unchanged—to promote sexual safety for all individuals in confinement. This includes ensuring that decisions regarding the housing of transgender and intersex individuals, as well as their access to programs, services, and activities, are made in a manner that prioritizes their safety, dignity, and well-being. Even during the pause in formal compliance assessment, the auditor encourages the facility to continue to consider a transgender and intersex resident's own views with respect to their safety, consistent with PREA's foundational principles of protection and respect for vulnerable populations. Regardless of the directive, the facility is still complying with this provision, which exceeds the minimum requirements at this time. 115.242 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, "Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The degree of separation required is dependent on the layout of the facility and may be accomplished either through physical separation (e.g., separate shower stalls) or by time phasing or scheduling (e.g., allowing a resident to shower before or after others). The number of separate showers per day and the time of day for showering separately may be limited due to the facility's physical plant and/or institutional needs. Staff shall use discretion in determining whether to grant requests to shower separately made by newly arrived residents who have not been identified as Transgender or Intersex or have this review pending. AT THIS FACILITY, TRANSGENDER AND/OR INTERSEX RESIDENTS ARE PROVIDED THE OPPORTUNITY TO SHOWER SEPARATELY AS FOLLOWS:

IF REQUESTED, TIMES WILL BE CREATED FOR THE OPPORTUNITY TO SHOWER SEPARATELY”

On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum to all DOJ-certified PREA auditors, noting the Department of Justice was currently updating the PREA Standards to align with the requirements of E.O. 14168. Until those updates are finalized and further guidance is provided, all PREA auditors were instructed to immediately pause from making compliance determinations for this provision of the standard until further notice.

While the auditor is currently restricted from making a compliance determination on this provision, it is important to recognize that the overarching purpose of the PREA Standards remains unchanged—to promote sexual safety for all individuals in confinement. This includes the ability for a transgender and intersex resident having the ability to shower separately from other residents.

Regardless of the directive, the facility is still complying with this provision, which exceeds the minimum requirements at this time.

Corrective Action and Conclusion:

The facility entered into a corrective action period, in which it was required that a plan be developed to ensure PREA designators are utilized during housing, work, education, and programming assignments with the goal of keeping residents at high risk of sexual abuse away from residents at high risk of victimization. The facility implemented a corrective action plan, in which it trained staff and created a process and criteria for placements of residents with PREA designators. Throughout the corrective action period, the auditor independently selected and reviewed additional resident files.

The auditor is satisfied that corrective action has been institutionalized, and finds the facility in full compliance with this standard.

115.251	**Resident reporting**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · CoreCivic Policy 3-3 CC Code of Ethics · Staff PREA Posters (four versions) · Photos of Staff Posters · Ethics Poster · PREA Advisement · Photo of PREA Advisement in Employees' Electronic Records · Third Party Reporting – English · Third Party Reporting - Spanish · Break the Silence Poster · Victim Advocacy Poster · Memorandum Regarding Boston Avenue Sheriff’s Department · Resident Handbook · CoreCivic Handbook Acknowledgement Form · Community Posters for Staff · Inspector General Poster · Inspector General Website (www.oig.ca.gov/connect/prea-form/) Interviews Conducted: · PREA Compliance Manager · Random Staff · Random Resident 115.251 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Resident Reporting

	a. Residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. b. Residents who are victims of sexual abuse have multiple internal and external methods to report an incident or allegation: i. Verbally reporting to any employee, ii. Forwarding a letter, sealed and marked “confidential”, to the Facility Director or other facility supervisory staff; and iii. Contact the facility's PREA Compliance Manager. At this Facility, residents may report allegations of sexual abuse and sexual harassment by contacting any of the following: ALL RESIDENTS CAN CALL SAN DIEGO COUNTY DOMESTIC VIOLENCE AND SEXUAL ABUSE 24-HOUR CRISIS LINE: 888-385-4657. ADDITIONALLY, USPO RESIDENTS CAN CALL UNITED STATES PROBATION OFFICE: 619-557-5510 CDCR RESIDENT CAN REPORT RESIDENT ABUSE OF OTHER RESIDENTS TO: FEDERAL BUREAU OF PRISONS NATIONAL PREA COORDINATOR REENTRY SERVICES DIVISION 400 FIRST ST. NW, ROOM 4027 WASHINGTON, DC 20534 CDCR RESIDENTS CAN REPORT STAFF ABUSE OF RESIDENTS TO: FEDERAL BUREAU OF PRISONS OFFICE OF INTERNAL AFFAIRS 320 FIRST ST. NW, ROOM 600 WASHINGTON, DC 20534” The facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the abuse. The auditor was provided with several posters targeted at both staff and residents, with reporting information included. Additionally, the auditor was provided with a handbook that explains the various ways to report a PREA incident, as also

	described in the PREA policy. The auditor was provided with a handbook acknowledgment form that each resident signs when entering the facility, which states they have read and understand what is included in the handbook. The auditor viewed several posters throughout the facility that provided reporting information for residents at this facility. There were posters in several locations providing reporting information, including in housing units/rooms and other common areas, and by phone. It should be noted that the majority of residents have their own cell phones and can report through them. The auditor was told that residents have access to a phone if they need it. The resident would not need to say they wanted to report a PREA incident to make this call, and it would be free and confidential /unmonitored by staff. The auditor tested each reporting option. Once contacted, the information is immediately forwarded to supervisors to ensure someone can interview the resident and/or follow up with the investigation. Almost all residents interviewed were able to recite several ways they could report sexual abuse and sexual harassment. All residents also said they would feel comfortable talking to a staff person if they had an issue. Each resident said the facility was safe, and most said they would probably report to their case manager, and they felt that any report would be taken seriously and handled immediately. Staff were well-versed in the various reporting options for residents. 115.251 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request. AT THIS FACILITY, THE FOLLOWING NON-CORE CIVIC AND NON-CONTRACTING AGENCY REPORTING MECHANISM OR PROCESS (INCLUDING ANONYMOUS REPORTING) HAS BEEN ESTABLISHED:

	Contact the San Diego Police Department at 619-531-2000 or 858-484-3154.” An Inspector General poster was posted in the facility, which explains that all reports of sexual abuse can be reported to the OIG PREA office at 10111 Old Placerville Rd #110, Sacramento, CA 95827, and by calling 916-555-0001. The poster explains this will be immediately forwarded to CDCR; however, they may request to remain anonymous. The auditor tested this phone number and discovered it had been disconnected. The auditor then found the OIG website through a Google search and located the correct phone number, 1-800-7000-5952. The auditor notified the facility so they could update the poster, which was completed, and photo evidence was provided to the auditor on 3/16/2026. The auditor left a message to test this reporting option. Additionally, the website had an online reporting option, in which the auditor also tested. The auditor was contacted on 3/17/2026 to let her know they had received the report. It is recommended that the anonymous reporting option be included in the handbook and clearly describe how it is anonymous, and what will happen with the report. The auditor was able to see this information on the PREA posters that were posted throughout the facility. 115.251 (c) CoreCivic Policy CC 14-2 Sexual Abuse Prevention and Response states, “Staff must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.” Copies of third-party reporting posters in English and Spanish were provided to the auditor. They indicate the various ways that someone can report an alleged incident of sexual assault, sexual abuse, sexual misconduct, or sexual harassment on behalf of a resident. The poster indicates that the allegation may be discussed with the victim named in the report, but the allegation will be disclosed only to those who need to know to ensure the victim's safety and to investigate the allegation. The reporter is asked to please include as much information as is known about the victims, suspects, date, location, and details of the incident. During staff interviews, they were all able to say they would accept reports made verbally, in writing, anonymously, and from third parties, and they would document any verbal reports immediately.

115.251 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “CoreCivic employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-757-4448 or through www.CoreCivic.ethicsline”.

The CoreCivic Policy 3-3 CC Code of Ethics was provided to the auditor, which outlines the agency’s response to ensure ethics are maintained at every facility.

The facility reported in the PAQ that staff are informed of their options to privately report sexual abuse and sexual harassment allegations and can call the CoreCivic Ethics Line, which takes anonymous complaints.

The PAQ states that staff are notified of their private reporting procedures during pre-service, annual training, and on posters.

The auditor observed the Ethics posters throughout the facilities during the site review in various locations, including staff breakrooms and bulletin boards.

Some staff knew they could contact the Ethics line if they wanted to privately or anonymously report to someone outside of the institution; however, many staff said they would feel comfortable reporting to a supervisor.

The auditor contacted the phone number for the Ethics line that was listed on the posters throughout the facility and also made a report on the Ethics website. These reports were immediately forwarded back to the facility, as requested.

The auditor was also provided with four separate posters that are specific to staff. They each warn against inappropriate relationships with residents and reporting requirements. They each state, “ You may report anonymously through the Ethics Line or contact any supervisor.” Photo evidence of the postings was provided to the auditor, and she was able to observe them posted in staff areas throughout the facility.

	Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Interviews Conducted: · Facility Director 115.252 (a-d) CoreCivic reports they are exempt from this standard, as they do not use the Grievance Procedure to resolve allegations of sexual abuse and sexual harassment. The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process. i. Should a report of sexual abuse or sexual harassment be submitted and received as a resident grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility Investigator or Facility Director for investigation and reporting in accordance with this policy. ii. All resident grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 CC Incident Reporting procedure.”

	The facility had reported on the PAQ that there had been no grievances filed that alleged sexual abuse in the past twelve months. The auditor spoke with the Facility Director at the facility and verified that they do accept grievances of sexual abuse, but that they would not be responded to through the grievance process. The Facility Director would immediately forward any allegation of sexual abuse or sexual harassment to facility investigators. Conclusion: The auditor has determined the facility is in full compliance with every provision of this standard.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Attempts to Enter Into an MOU with The Center for Community Solutions · CoreCivic PREA Pamphlet – English · CoreCivic PREA Pamphlet – Spanish · Resident Handbook · Break the Silence Poster · Center for Community Solutions Website · Center for Community Solutions Posting Interviews Conducted: · PREA Compliance Manager · Random Staff

	· Random Residents · Center for Community Solutions Representative · Just Detention International Representative 115.253 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “Residents shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. AT THIS FACILITY, THE FOLLOWING COMMUNITY AGENCY OR AGENCIES PROVIDE EMOTIONAL SUPPORT SERVICES: CENTER FOR COMMUNITY SOLUTIONS 4508 MISSION BAY DRIVE SAN DIEGO, CA 92109 (858) 272-5777.” A PREA Advocacy Poster that includes directions on how residents can contact advocates was provided to the auditor, and the auditor was able to observe these postings throughout the facility during the site review. The posters provide toll-free hotline numbers and addresses. A review of the Center for Community Solutions Website at ccssd.org lists the following services for sexual assault advocacy: · Intervention Services: 24-hour hotline for immediate crisis intervention, safety planning, and peer support. · Counseling Services: Confidential phone counseling, and individual, family, couple, and group counseling for survivors. · Hospital Accompaniment: Advocates meet the victim at the forensic exam site to provide emotional support and to help the victim make informed decisions. · Criminal Justice System Accompaniment: Survivors can choose to have advocates accompany them to law enforcement interviews, court dates, sentencings, and other judicial proceedings. Advocates can also help survivors to understand and navigate the Criminal Law system, including victims' rights.

	· Victims of Crime: Assistance in completing Victims of Crime (VOC) applications. · Information and Referrals: Advocates empower victims by helping them make informed choices and provide linkages to programs that address the client's needs. The auditor was provided with attempts to enter into an MOU with the Center for Community Solutions. The auditor observed information about the Center for Community Solutions posted throughout the facility, which explained the same things posted on the website. It is recommended that the facility continue to look for ways to incorporate this information in educational documents available to residents. After the onsite, the facility states they have implemented a process of handing out pamphlets during intake. The auditor emailed a representative from Just Detention International, an international health and human rights organization that seeks to end sexual abuse in all forms of detention. The representative notified the auditor that he had reviewed their database, and it did not indicate they had received any information regarding the facility in the past twelve months. The auditor spoke with a Center for Community Solutions Representative, who verified that they provide services to residents at the facility. She said the facility provides contact information for the Center for Community Solutions, and all communications with residents are confidential. The auditor tested the phone line to the Center for Community Solutions. The phone worked, and a representative answered and was able to verify that they provide services via a hotline whenever a resident contacts them. 115.253 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "Reasonable communication between residents and the posted numbers for emotional support services shall be permitted in as confidential a manner as possible. The facility shall post the extent to which such communications will be monitored or recorded. The facility shall have a process in place to ensure that written correspondence between residents and these agencies may remain confidential.

	Residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Consistent with applicable laws and emotional support service provider policy, information shall be reported to the facility without the resident consent, in the event that the resident 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or, 4) threatens the security of the facility or to escape. If confidential information must be disclosed, facility staff will not share any information beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. The CoreCivic PREA pamphlet states, “Calls made to community agency/rape crisis center PREA Hotline numbers are not monitored or recorded. Information that you provide to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. There are, however, certain situations and conditions under which staff from those agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. If confidential information must be disclosed, information will not be shared beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. If you are concerned about the extent to which community agencies forward reports of sexual abuse to law enforcement or the facility, you should discuss this with that agency when you place the call.” The auditor verified that no calls are monitored or recorded, and most residents have access to their own phones to utilize. The representative from the Center for Community Solutions verified that all communications with residents are confidential and not monitored or recorded. The auditor was able to verify that there were no recorded phones at the facility, and the majority of the residents had their own cell phones to use.

	The auditor asked the facility's Facility Director/PREA Compliance Manager if the mail to and from the Center for Community Solutions was confidential and treated as legal mail. They said that mail from these organizations is not opened prior to distribution to residents. 115.253 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “CoreCivic shall maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse. “ The facility provided the auditor with attempts to enter into a signed MOU with the Center for Community Solutions to provide residents with confidential emotional support services related to sexual abuse. The auditor spoke with the Contract Monitor, who is duty-stationed at the facility; however, he is employed by CDCR. He explained that CDCR also has an MOU with the Center for Community Solutions that would be utilized to ensure a victim advocate is made available. The auditor discussed the MOU with the representative from the Center for Community Solutions. She was familiar with it and explained that they would provide services outlined in the MOU, even though it is unsigned. As of the date of this report, the Center for Community Solutions had not responded to CoreCivic about signing the MOU. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:

	· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Third-Party Reporting Handout - English · Third-Party Reporting Handout - Spanish · Community Staff PREA Posters (four) · Photo of Third Party Reporting Poster · Ethics Poster · Website Information for CoreCivic · Break the Silence Poster · Photo of Posting in Dining Room Interviews Conducted: · Random Staff · Random Residents 115.254 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “CoreCivic employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-757-4448 or through www.CoreCivic.ethicspoint.com.” Third-party reporting information is posted on the facility page on the CoreCivic website: https://www.corecivic.com/facilities/Boston Avenue, which states: “Third Party Reporting Method(s): Call: San Diego Police 619-531-2000 CDCR Office of the Inspector General 916-555-0001 Call the CoreCivic Ethics and Compliance Hotline: 1-800-461-9330, or www.corecivic.com/ethicsline

	Write a letter to the Facility: Male Community Reentry Program (MCRP) San Diego ATTN: PREA Compliance Manager 2727 Boston Ave San Diego, CA 92113 A photo of a third-party reporting poster was provided to the auditor, which lists third-party reporting options as the facility's PREA compliance manager, the San Diego Police Department, and the Ethics Line. The auditor was also provided with a photo of the posting that is located in the dining room. She was able to observe these postings in various locations when she was on-site. The auditor tested the ethics website to ensure that this reporting option was working correctly. The auditor found that the online form was easy to complete and even had the option to create a password and check the status of the report. It also allows you to report anonymously if you choose to do so. The auditor received an email response from the Director of Ethics and Compliance the same day, notifying the facility that the report had been received. The Director of Ethics and Compliance noted that “Reports are initially treated the same whether the reporting party is a resident's family member, friend or advocate (inmates and detainees typically cannot access the Ethics Line or the Resident Concern Line from inside a facility - they would utilize the posted PREA hotline number) or a staff member. If a staff member makes the report and expresses concern about potential retaliation and has included sufficient information to allow the facility to move forward on the report, our office will withhold the reporting party's name until a need to know that information is demonstrated.” During random interviews with residents and staff, most said they could have a friend or family member report on their behalf. The facility told the auditor there were no third-party reports since the last PREA audit for the auditor to review. Four staff PREA posters were provided to the auditor in support of this standard,

	which informs staff of how to report an incident, and that any allegation must be reported. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · PREA Overview Curriculum · Ethics Line Posters · Email to Staff · Memorandum RE: 115.261 Interviews Conducted: · PREA Compliance Manager · Facility Director · Investigators · Random Staff 115.261 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “In accordance with this policy, employees, contractors, and volunteers are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility (including a facility that is not part of CoreCivic).”

	An Ethics Line Poster was provided to the auditor, which provides information for people to report misconduct, raise concerns, seek guidance, and ask questions. It states that those reports may remain anonymous. The auditor tested these services, as previously described in other standards. The PREA Overview Curriculum was provided to the auditor, which explains reporting protocols. All facility staff understood they were to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. Staff were able to describe the process of reporting and understood their responsibilities. The agency and facility leadership that was interviewed understood that every allegation must be reported and investigated. The facility reported there were no PREA allegations since the last PREA audit for the auditor to review. A memorandum was provided to the auditor, which states, “As of March 11, 2026, Boston Ave has not had any PREA allegations/investigations in the last 12 months. There were no residents who had reported sexual abuse at the facility at the time of the site review for the auditor to interview. 115.261 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “Apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.” The staff interviewed all understood that PREA information needed to be as confidential as possible, and many were able to talk about who may or may not be someone who needs to know to make treatment, investigation, or other security and management decisions.

There was no indication during the audit that PREA information had been inappropriately disclosed.

115.261 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in this policy. At the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality.”

The facility does not employ or contract with any medical or mental health professionals.

115.261 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “If the alleged victim is under the age of 18 or is considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency under applicable mandatory reporting laws.”

All CoreCivic staff are mandatory reporters. They were able to articulate that they would need to disclose allegations to the appropriate entity when allegations of abuse were made against a minor or a vulnerable adult. Most staff were not sure who the reporting entity was; however, they would report the information according to their protocols.

The auditor reviewed the Mandatory Reporting Statute for Vulnerable Adults. It defines at-risk elders and at-risk adults as:

· An elder is someone aged 65 years or older

· A dependent adult is someone between the ages of 18-64 with physical or mental challenges resulting in an inability to protect his/her own rights

· Abuse is defined as the physical abuse, neglect, intimidation, cruel punishment, financial abuse, abandonment, or other treatment resulting in pain or physical or mental suffering, or deprivation by a caretaker of goods or services which are necessary to avoid physical harm or mental suffering

Reports of child abuse and neglect must be made as follows:

	· Immediately or as soon as is practicably possible, make an initial report by telephone to the County of San Diego Child Welfare Services at (800) 344-6000. · Within 36 hours of receiving the information concerning the incident, prepare and transmit a written report on Form SS8572 · Immediately or as soon as is practicably possible, contact USD's Department of Public Safety (DPS) by telephone at (619) 260-7777. The facility self-reported that they did not have any allegations that met the mandatory reporting requirements during the previous twelve months before the audit. The auditor was not able to locate any allegations that would qualify as child or vulnerable adult abuse. 115.261 (e)) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "The facility shall report all allegations of sexual abuse and sexual harassment, including third-party reports to the facility's designated investigators." The facility did not have any reports during the twelve months preceding the audit; there were no examples to review. The facility interviewed one administrative investigator. The investigator explained that once a PREA allegation is made, regardless of how the information is provided, it is reported to the facility's investigators. Interviews with random staff verified that the majority understood who the facility investigator was and understood they needed to report all allegations or suspicions immediately. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.262	**Agency protection duties**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · PREA Overview Training Participant Workbook · PREA Overview Facilitators Guide · First Responder Duties Cards Interviews Conducted: · Agency Head/Designee · Facility Director · Random Staff 115.262 CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident." The PREA Overview Participant Workbook and PREA Overview Facilitator's Guide for PREA training explain that immediate action must be taken, including separating the victim and the abuser. The auditor reviewed the First Responder Duties cards that staff carry with them. The auditor recognizes this as a good practice, especially in a small facility that does not have many allegations of sexual abuse and sexual harassment. This card explains the immediate actions that must be taken by staff, including separation of the victim from the alleged perpetrator, crime scene preservation, notification to supervisors, medical and mental health, and confidentiality that must be maintained. During interviews with new staff, some said they did not receive a first responder card. It is recommended that the facility ensure all staff have first responder duties cards. The facility reports that in the twelve months preceding the audit, there have been no instances in which they determined a resident was subject to a substantial risk of

	imminent sexual abuse. Interviews with the Agency Head Designee, Facility Director, and Random staff all verified an understanding of immediate actions that should be taken when it is learned that a resident is subject to a substantial risk of imminent sexual abuse. All said immediate action would be taken to protect the residents, including separation from the alleged perpetrator. The auditor was unable to review any allegations in the twelve months, since none had been reported. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · 5-1C-CC Incident Statement form · Memorandum RE: 115.263 · Standard in Focus – 115.63 · Training Email RE: 115.63 · Confinement Notification Interviews Conducted: · Agency Head/Designee · Facility Director

	· Random Residents · Random and Targeted Staff 115.263 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Upon receiving an allegation that a current resident had been sexually abused while confined at another facility (e.g., state, federal, local, or another private operator), the following actions shall be taken: The Director of the facility that received the allegation shall notify the Facility Director or appropriate headquarters office of the facility or agency where the alleged abuse took place. A copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.” During the interview, the Agency Head and Facility Director were aware of the requirement to report this information. A memorandum was provided to the auditor, which states, “As of March 11, 2026, Boston Ave has not received any notifications that a resident was sexually abused while confined at another facility.” The facility said on the PAQ that it had not had a resident inform them of sexual abuse while at another confinement facility in the 12 months preceding the audit. While reviewing resident files, the auditor did discover one resident who reported being sexually abused at another facility. The Facility Director stated they were unaware of that report, and a confinement notification was not completed. Staff were re-educated on the requirements of this standard on 3/17/2026 via email, and proof documentation was provided to the auditor. The email provided the Standard in Focus for 115.63, outlined the reasons for this standard, and explained how the facility should comply with it.

	The Facility Director completed the required confinement notification on 3/18/2026 via email, and it was provided to the auditor. 115.263 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states such reports should happen as soon as possible, but no later than 72 hours after receiving the allegation. The facility reported on the PAQ that in the twelve months preceding the audit, there were no times that the facility received a resident who alleged they were sexually abused at another facility. While reviewing resident files, the auditor did discover one resident who reported being sexually abused at another facility. The Facility Director stated they were unaware of that report. Staff were re-educated on the requirements of this standard on 3/17/2026 via email, and proof documentation was provided to the auditor. The email explained the requirement to ensure this is completed within 72 hours. 115.263 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The facility shall document that it has provided such notification through the 5-1C-CC Incident Reporting procedures.” The auditor reviewed the 5-1C-CC Incident Statement form, which allows staff to document any allegation/incident or notification that is made. The facility reported there were no examples of this occurring; the auditor was unable to review any proof documentation. While reviewing resident files, the auditor did discover one resident who reported being sexually abused at another facility. The Facility Director stated they were unaware of that report. Staff were re-educated on the requirements of this standard on 3/17/2026 via email, and proof documentation was provided to the auditor. The email provided the Standard in Focus for 115.63 and explained how the facility should document it. Per

	the email, “Document the full details of the allegation on a 5-1A Incident Report using the category code 'NTA' (Notice to Administration).” The Facility Director completed the required confinement notification on 3/18/2026 via email, and it was provided to the auditor. 115.263 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the resident was previously confined at the facility, the following actions shall be taken. The facility shall record the name of the agency making the notification and any information (names, dates, times) that may assist in determining whether an investigation was conducted. A resident statement should be requested. If the allegation was reported and investigated in accordance with CoreCivic Policy and/or referred for criminal investigation if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under these circumstances, further investigation and notification need not occur. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The Incident shall be reported through the 5-1 CC Incident Reporting procedures.” The facility reported that during the twelve months preceding the audit, there were no instances in which an allegation had been received from another facility. The Agency Head and Facility Director were aware of this requirement and said these types of allegations would be investigated. Corrective Action and Conclusion: While reviewing resident files, the auditor did discover one resident who reported

	being sexually abused at another facility. The Facility Director stated they were unaware of that report. Staff were re-educated on the requirements of this standard on 3/17/2026 via email, and proof documentation was provided to the auditor. The email provided the Standard in Focus for 115.63 and outlined staff responsibilities and the process of reporting this information. The Facility Director completed the required confinement notification on 3/18/2026 via email, and it was provided to the auditor. The facility entered into a corrective action period, during which the auditor monitored compliance to ensure institutionalization. Throughout the corrective action period, there were no residents who reported sexual abuse at another facility. The auditor independently selected and reviewed several resident files throughout the corrective action period to verify this was the case. Although there have been no new reports, the auditor is satisfied that the facility now understands the requirement of this standard.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · CoreCivic 14-2C Sexual Abuse Incident Check Sheet · PREA Overview Curriculum · First Responder Duties Card · Terms for Sexual Orientation and Sexual Identity Card Interviews Conducted: · Staff Who Have Acted As a First Responder

	· Random Staff · Contract Monitor Employed with CDCR 115.264 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Upon learning of sexual abuse, or an allegation of sexual abuse, the first security responder is required to complete the following: Separate the alleged victim from the alleged abuser. When the alleged abuser is a resident, he/she shall be secured in a single cell (if available) to facilitate the collection of evidence if required; Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation.” CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response also states, “Following notification from first responders, the highest supervisory authority on-site shall ensure that the ADO, the PREA Compliance Manager, and Facility Director shall be immediately notified of the incident. If the abuse occurred within a time that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim not take any actions that could destroy physical evidence. This would include, as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating, or brushing his/her teeth. If the abuse occurred within a time that allows for the collection of physical evidence and when the alleged abuser is a resident, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include, as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating, or brushing his/her teeth”. The CoreCivic 14-2C Sexual Abuse Incident Check Sheet also covers first responder duties, including separation of the resident victim from the alleged perpetrator, notification of the Shift Supervisor, medical response, evidence collection, etc.

The first responder questions were asked of all staff, as there were no staff who were reported as having been the first responder during a PREA incident. Overall, some staff were able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties, but there was some confusion around evidence collection procedures. All staff reported they would notify the highest-ranking supervisor immediately and that they would guide them through the process. It is also important to note that there had been very few PREA issues having ever occurred at this facility, so there was limited experience responding to these issues in the past.

The PREA Overview Curriculum was reviewed by the auditor. It includes "Responding to sexual abuse, including first responder duties, supervisor duties, and PREA compliance manager duties."

A copy of the First Responder Duties Card was provided to the auditor. This card outlines first responder duties to include:

· Separate the alleged victim and abuser

· Notify the highest-ranking supervisor on site.

· Assist in obtaining medical attention for the alleged victim, if necessary.

· If the abuse occurred within a time period that still allows for physical evidence, request that the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating)

· Determine the location of the alleged perpetrator and ensure that he/she does not take any actions that could destroy physical evidence. Keep the alleged perpetrator at the facility if possible.

· File an Incident Report to document the incident and what steps you took in responding.

· Maintain confidentiality apart from reporting to designated supervisors or officials.

The auditor spoke with the Contract Monitor who is duty-stationed at the facility, however is employed by CDCR. He explained that in the event of a PREA allegation

	that required evidence collection, CDRC staff would be at the facility to assist with such collection. CDCR has trained ISU staff who are criminal investigators, well-trained in evidence collection procedures. The facility reported that in the twelve months preceding the audit, there were no allegations of sexual abuse; therefore, there were no instances where the incident occurred within a timeframe that allowed for physical evidence collection. 115.264 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then shall notify security staff.” The facility said that there were no allegations of sexual abuse reported in the past twelve months. The auditor interviewed several random staff members who were not security members in various capacities. All staff were able to discuss the steps that needed to be taken after an allegation of sexual abuse, their first responder duties, and evidence collection. The facility reported there were no instances in which non-security staff were first responders. It was reported to the auditor that all staff have been provided with a card with the first responder duties that they can carry with them, to use as a reference if needed. These can be particularly helpful to non-security staff who may not respond to these types of allegations frequently. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Email Regarding SART Team · Email Regarding Advocacy · Email Regarding MOU for Investigations · 14-2C-CC Sexual Abuse Incident Check Sheet Interviews Conducted: · Random Staff 115.265 CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “In order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that may include, but is not limited to, the following positions: a. Administrative Duty Officer (ADO) The ADO on-site or on-call is responsible for the overall coordination of the facility's response to an incident of sexual abuse. The ADO will ensure that the 14-2 CC Sexual Abuse Incident Check Sheet is followed and that the incident has been reported in accordance with the CoreCivic Incident Reporting procedures. The ADO will serve as a primary liaison with investigators until the PREA Compliance Manager and/or Facility Director arrive. b. Security Representative The Security Representative shall ensure resident safety needs are addressed, including separating the alleged victim and perpetrator. c. Program Representative This position may be the resident’s assigned Case Manager, Case Manager Supervisor, or Counselor. The program representative will ensure that all referrals to outside community agencies for medical and mental health have been made and that all subsequent reassessments have been completed.

	d. Victim Services Representative An employee designated by the Facility Director may serve as the facility's Victim Services Representative. The Victim Services Representative may not be a member of security. This individual shall attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim of sexual abuse. In the absence of a victim advocate, the Victim Services Representative may provide residents with support and ensure that residents are aware they may access additional victim resources through community rape crisis centers or equivalent agencies." An email was provided to the auditor that indicates that the SART team is comprised of the PREA Compliance Manager, an Operations Supervisor, a Treatment Manager, and a Program Supervisor. Other emails were provided that document attempts to enter into an MOU with the San Diego Police Department and the Center for Community Solutions. The 14-2C-CC Sexual Abuse Incident Check Sheet was provided to the auditor. It provides step-by-step instructions on the facility's PREA plan if an allegation of sexual abuse should occur. There were no allegations for the auditor to review to ensure this coordinated response took place. Since there are so few incidents, the auditor recommended that tabletop exercises be conducted or other training methods. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

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

Supporting Documentation Reviewed:

· CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

· Investigative Packets

Interviews Conducted:

· Agency Head

115.266 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Neither CoreCivic, nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

Interviews with the Agency Head confirmed they do not enter into collective bargaining agreements that limit the agency's ability to remove alleged staff abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

In reviewing investigative packets that included staff members, it appears that staff were appropriately removed when needed.

115.266 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, "Nothing in this requirement shall restrict the entering into or renewal of agreements that govern:

i. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in and a preponderance of the evidence in determining whether sexual abuse or sexual harassment is substantiated.

ii. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employee's personnel file following a determination that the allegation of sexual abuse is not

	substantiated.” The Agency Head said that CoreCivic staff who are responsible for the development of collective bargaining agreements are aware of this requirement; however, it does not apply to this facility at this time. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Ethics Matters Speak Up Non-Retaliation Poster · 14-2D CC PREA Retaliation Monitoring Report Interviews Conducted: · Agency Head · Facility Director · PREA Compliance Manager · Designated Staff Member Charged with Monitoring for Retaliation 115. 267 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Residents and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other residents or staff.”

	The facility utilizes the Form 14-2D CC PREA Retaliation Monitoring Report to track retaliation monitoring. This form provides the date of the incident, the review, the type of status check, and a comments section. It was noted that comments were included in each completed 14-2D CC form that the auditor reviewed, which included key details about how the person was doing following the allegation. The auditor reviewed the Ethics Matters Speak Up Non-Retaliation Poster, which explains that retaliation is prohibited and that CoreCivic will not tolerate it. The auditor was able to observe those posters while on-site. The Operation Supervisor is the current staff member assigned to monitor retaliation. He was aware of the requirements in this provision. The Agency Head Designee and Facility Director both said retaliation concerns would be addressed. There were no residents who had reported an incident of sexual abuse who were still at the facility for the auditor to interview. 115. 267 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states "The facility shall employ multiple protection measures to monitor retaliation against residents including but are not limited to, (a) housing changes or transfers for resident victims or abusers, (b) removal of alleged staff or resident abusers from contact with victims, (c) emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, (d) periodic status checks, and (e) monitoring disciplinary reports, housing or program changes. At this facility, the position that will serve as the designated staff person conducting resident 30-60-90-day monitoring is PREA Compliance Manager." Examples of retaliation monitoring were included in the investigative packets for the six allegations during the previous twelve months and provided to the auditor to review.

	115. 267 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “For at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents who reported sexual abuse and residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by residents or staff. Monitoring shall be documented on the 14-2D CC PREA Retaliation Monitoring Report (30-60- 90) or contracting agency equivalent form. The facility shall employ multiple protection measures to monitor retaliation against residents, including, but not limited to: i. Housing changes or transfers for resident victims or abusers, ii. Removal of alleged staff or resident abusers from contact with victims, iii. Emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, iv. Periodic status checks and monitoring disciplinary reports, housing, and program changes.” The policy also addresses monitoring the conduct and treatment of staff who report. Monitoring for staff includes, but is not limited to, monitoring negative performance reviews, disciplinary reports, and reassignments. The PREA investigators or the case manager of the resident who monitors retaliation explained that this would be completed for both staff and resident reporters and would occur for at least 90 days. The form 14-2D PREA Retaliation Monitoring Report specifies that the monitoring is for either staff or residents and takes place in 30-, 60-, and 90-day increments. There were no allegations of sexual abuse since the last PREA audit. 115. 267 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need.”

	The form 14-2D CC PREA Retaliation Monitoring Report says the retaliation will be monitored beyond 90 days, as indicated. The staff member who monitors retaliation knew that the monitoring could be ongoing past 90 days if there was a concern for retaliation. 115. 267 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.” The Agency Head and Facility Director were familiar with this requirement and said this is taken seriously at CoreCivic and the facility. 115.267 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The facility's obligation to monitor retaliation for staff and residents shall terminate if the facility determines that the allegation is unfounded”. The Operation Supervisor is the current staff member assigned to monitor retaliation. He was aware of the requirements in this provision. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response

	· Investigator Training Certificates · Investigation Packets · Records Retention Schedule · Email Regarding MOU Attempts for Investigations Interviews Conducted: · Investigators · PREA Coordinator · Contract Monitor Employed by CDCR 115.271 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party reports and anonymous reports.” The auditor interviewed an investigator currently located at the facility. The investigator understood that all investigations should be done promptly, thoroughly, and objectively, including third-party reports and anonymous reports. The facility reported there had been no PREA allegations in the twelve months preceding the audit, or since the last PREA audit. Administrative investigations are all completed on the CoreCivic Form 5-1G Incident Investigation Report. The facility investigator reported that an administrative investigation is completed for every allegation of sexual abuse and sexual harassment, even when there is a criminal investigation. The auditor spoke with the Contract Monitor, who is duty-stationed at the facility; however, he is employed by CDCR. He explained that in the event of a PREA allegation, CDCR would work collaboratively to ensure prompt, thorough, and objective investigations would be completed. 115.271 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states,

	“The facility shall use investigators for administrative investigations who have received special training in sexual abuse investigations pursuant to Standards.” The facility reports they have three investigators designated who can conduct administrative sexual abuse and sexual harassment investigations and have received specialized training in sexual abuse investigations in a confinement setting per standard 115.234. The auditor was able to review training records for each investigator, which showed they had received PREA: Investigating Sexual Abuse in Confinement Settings through NIC. The auditor interviewed an investigator at the facility who investigated sexual abuse and sexual harassment allegations. They were able to confirm they had received specialized training. 115.271 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.” The investigator who was interviewed was aware of this requirement and was knowledgeable in evidence collection and the process they would go through to complete a thorough investigation. The auditor spoke with the Contract Monitor, who is duty-stationed at the facility, but is employed by CDCR. He explained that in the event of a PREA allegation, CDCR would take the lead in evidence collection. 115.271 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “When the quality of evidence appears to support a criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.” The investigator who was interviewed understood this requirement.

115.271 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

The investigator who was interviewed was aware of this requirement. There were no investigative reports to be reviewed, as there had been no allegations of sexual abuse or sexual harassment since the last PREA audit.

115.271 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Administrative Investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G CC Incident Investigation Report and shall detail the following components:

a. Investigative facts (i.e. specific details about what actually happened);

b. Physical evidence (e.g. clothes collected, medical evidence, etc.);

c. Testimonial evidence (e.g. witness statements);

d. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible);

e. Investigative findings (i.e. discovery or outcome of the investigation); and

f. An explanation as to how the conclusion of the investigation has reached the conclusion.”

The administrative investigator was able to describe these requirements during their interviews with the auditor.

There were no investigative reports to be reviewed, as there had been no allegations of sexual abuse or sexual harassment since the last PREA audit.

115.271 (g) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states,

	“Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible”. There have been no criminal investigations that have been completed since the last PREA audit. 115.271 (h) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution”. There have been no criminal investigations that have been completed since the last PREA audit. 115.271 (i) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.” A records retention schedule was provided to the auditor, which states, PREA investigation files and written reports to be retained as long as the alleged abuser is incarcerated or employed, plus five years.” An investigator who was interviewed was aware of this requirement. The PREA Coordinator reports that the investigative reports are uploaded in an automated system and are not purged. 115.271 (j) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.” The investigator was aware that the departure of the victim or abuser shall not provide a basis for terminating the investigation.

	115.271 (k) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Policy Change Notice states “CoreCivic facilities are not state entities or components of the Department of Justice (DOJ) responsible for investigating allegations of sexual abuse in prisons and jails.” There was no indication in reviewing an investigative file or speaking with the investigator that any state entity or Department of Justice component had conducted investigations at this facility. 115.271 (l) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.” The auditor spoke with the Contract Monitor, who is duty-stationed at the facility, but is employed by CDCR. He explained that the CDCR would work collaboratively with the San Diego Police Department on criminal allegations. He explained he would keep the facility informed on the progress of any investigation. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Investigation Packet Interviews Conducted: · Investigators

	115.272 CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place.” The auditor interviewed an investigator, who explained that the preponderance of the evidence is used when determining the outcome of sexual abuse and sexual harassment allegations. The facility reported there had been no allegations in the twelve months preceding the audit. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · CoreCivic Form 14-2E-CC Inmate/ Resident PREA Allegation Status Notification Interviews Conducted: · Investigator · Facility Director

	115.273 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Following an investigation into an resident allegation that he/she suffered sexual abuse at the facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.” The facility utilizes the form 14-2E-CC Inmate/Resident PREA Allegations Status Notifications to document that the resident is informed of the outcome of the investigation, which was reviewed by the auditor. The Facility Director was aware of the requirement when interviewed. There were no PREA allegations in the twelve months preceding the audit, or since the last PREA audit. 115.273 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident.” 115.73 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Following an resident’s allegation that an employee has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever: a. The employee is no longer posted within the resident's unit as a result of the findings of the investigation; b. The employee is no longer employed at the facility as a result of the allegation; c. The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.”. The 14-2E-CC Inmate/Resident PREA Allegations Status Notifications have checkboxes that include this provision.

There were no PREA allegations in the twelve months preceding the audit, or since the last PREA audit.

115.273 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Following an resident's allegation that he/she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:

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

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

The 14-2E-CC Inmate/Resident PREA Allegations Status Notifications have checkboxes that include this provision.

There were no PREA allegations in the twelve months preceding the audit, or since the last PREA audit.

115.273 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “All resident notifications or attempted notifications shall be documented on the 14-2E CC Resident Allegation Status Notification. The resident shall sign the 14-2E form, verifying that such notification has been received. The signed 14-2E form shall be filed in the resident’s file.”

The investigator who was interviewed said that they understood they must document all notifications required by this standard.

115.273 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The facility's obligation to notify the resident as outlined in this section shall terminate if the resident is released from CoreCivic custody.”

The investigator was aware of this requirement. The PCM will request the notification to be made at the other facility; however, there have been no examples

	of this occurring in the documentation period. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Code of Conduct · CoreCivic Code of Ethics Acknowledgement Form 3-3B-CC Interviews Conducted: · Human Resources · PREA Compliance Manager 115.276 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.” The PAQ said staff will be subject to disciplinary sanctions, including terminations, and in the twelve months preceding the audit, there were no substantiated allegations of sexual abuse and no substantiated allegations of sexual harassment involving a staff member. 115.276 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Termination shall be the presumptive disciplinary sanction for employees who have

	engaged in sexual abuse.” The PAQ said there were no terminations for violating agency sexual abuse or sexual harassment policies. During the onsite audit, employees mentioned they could be terminated if they violated sexual abuse and sexual harassment policies. 115.276 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “Disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.” The facility reported there was no staff who had been disciplined for violation of agency sexual abuse or sexual harassment policies. 115.276 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “All employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” The PAQ said there were no staff from the facility who were reported to law enforcement following their termination for violating agency sexual abuse or sexual harassment policies. The facility reported that there were no staff members who were referred to the relevant licensing body, following the employee’s termination from employment. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Interviews Conducted: · Facility Director · Volunteers 115.277 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Any volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body.” The facility reported there were no allegations of sexual abuse that involved a contractor or volunteer that were substantiated within the twelve months preceding the audit. The Facility Director said that any contractor or volunteer who engaged in sexual abuse would be immediately prohibited from contact with residents. Interviews with volunteers verified that they understood the requirements in this standard and the repercussions should they violate sexual abuse or sexual harassment policies. The facility did not have any contractors at the time of the audit. 115.277 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Any other violation of CoreCivic sexual abuse or sexual harassment policies by contractor or volunteer will result in appropriate corrective action up to and including restricting contact with residents and removal from the facility.”

	The Facility Director said he would take appropriate corrective action as needed. Interviews with volunteers indicated they understood remedial measures that may be taken for violating sexual abuse or sexual harassment policies, including termination of their ability to provide services at the facility. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · Resident Handbook Interviews Conducted: · Random Staff · PREA Compliance Manager/Facility Director 115.278 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.” The facility provided the auditor with a PREA Advisement, which clearly states that disciplinary action will be taken if a resident engages in sexual conduct. The Resident Handbook was reviewed and explains the facilities' zero tolerance

	policy and that sexual contact or behaviors of a sexual nature are prohibited. It further explains that inappropriate sexual behavior may be reported to appropriate authorities. The facility reported there were no substantiated allegations of resident -to-resident sexual abuse to review during the twelve months preceding the audit. 115.278 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.” The facility reported there were no substantiated allegations of resident -to-resident sexual abuse to review during the twelve months preceding the audit. 115.278 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.” The facility reported there were no substantiated allegations of resident -to-resident sexual abuse to review during the twelve months preceding the audit. 115.278 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.” The Facility Director reported that the facility does not provide sex offender treatment. 115.278 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact.”

	There was no indication in any of the files reviewed that residents were disciplined when an employee consented to sexual conduct. Several staff members at the facility verified an understanding that consent with a resident is not appropriate due to the power differential that exists. 115.278 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Residents who deliberately allege false claims of sexual abuse may be disciplined. For the purposes of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.” The facility said there were no instances when a resident was disciplined for filing a false PREA allegation. 115.278 (g) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Sexual activity between residents is prohibited in all CoreCivic facilities, and residents may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.” The auditor verified through discussion with staff that consensual sexual activity between residents is considered a rule violation and is treated as such. This activity is not considered sexual abuse unless the activity is coerced. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Interviews Conducted: · Facility Director · SANE Nurse 115.282 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis services, the nature and scope of which shall be determined by community medical and mental health practitioners according to their professional judgment.” The Facility Director reported that any medical and mental health treatment would be conducted off-site, as there are no medical or mental health staff or contractors that provide services at the facility. Referrals to these services will be provided as needed. 115.282 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “If the facility does not have qualified medical or mental health practitioners on staff, security staff first responders shall take preliminary steps to protect the victim.” Since the facility does not have onsite medical and mental health staff or contractors, first responders would ensure the evaluation and treatment with outside providers were facilitated. 115.282 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Resident victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxes, in accordance with professionally accepted standards of care where medically appropriate.”

	The Facility Director reported that this would be completed at the hospital or at an off-site medical facility. There had been no instances of this occurring since the last PREA audit, as the only allegation that was made occurred after the resident had already been released from the facility. A SANE from Palamar Health indicated that these services would be offered as part of the SANE if needed. 115.282 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Treatment services shall be provided to the victim of sexual abuse while incarcerated without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response Interviews Conducted: · Facility Director 115.283 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The facility shall offer all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility medical and mental health evaluation and treatment as appropriate.”

	The Facility Director explained that there are no medical or mental health staff or contractors who work at the facility, and all services would be offered at an off-site hospital or office. 115.283 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response "The evaluation and treatment of such victims shall include, as appropriate: Follow-up services. Treatment Plans. Referrals for continued care following their transfer to, or placement in, other facilities, or release from custody." The Facility Director explained that there are no medical or mental health staff or contractors that work at the facility, and all services would be referred to an off-site medical or mental health provider. 115.283 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "The facility shall provide such victims with medical and mental health services consistent with the community level of care." There were no medical and mental health staff at the facility to interview, and the facility stated that all referrals for medical and mental health would be done in the community. 115.283 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests." This facility does not house female residents. 115.283 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "In the event the resident tests positive for pregnancy, the resident will be provided information regarding lawful pregnancy-related services in a timely manner." This facility does not house female residents.

	115.283 (f) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Resident victims of sexual abuse shall be referred for tests for sexually transmitted infections as medically appropriate.” The Facility Director said that this would be completed at the hospital or at an outside medical facility, but would be free of cost to the resident. There had been no examples of this occurring to review. 115.283 (g) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “Treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” The Facility Director said that this would be completed at the hospital or at an outside medical facility, but would be free of cost to the resident, regardless of cooperation with an investigation There had been no examples of this occurring to review. 115.283 (h) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “All known resident -to-resident abusers within 60 days of learning of such abuse history and would offer treatment when deemed appropriate by mental health practitioners.” The facility works with outside entities for referral to sex offender treatment. The Facility Director reported that if there was a substantiated resident-resident PREA allegation that was substantiated, the abuser would likely be released from the facility. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · CoreCivic Form 14-2F CC Sexual Abuse or Assault Incident Review Report Interviews Conducted: · Facility Director · Incident Review Team Member 115.286 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "The PREA Compliance Manager will ensure that a post-investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded." The Facility Director understood that a post-conclusion incident review needed to be completed for every unsubstantiated and substantiated allegation of sexual abuse. One member of the incident review team was interviewed and verified that it would be completed. The facility documents the Incident Reviews on form 14-2F CC Sexual Abuse Incident Reviews. There had been no allegations of sexual abuse since the last PREA audit. 115.286 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "Sexual Abuse Incident reviews shall occur within 30 days of the conclusion of the investigation." The Incident Review Team member who was interviewed knew this needed to be completed within 30 days of the closure of the investigation.

115.286 (c) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “In addition to the PREA Compliance Manager, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors and investigators. Medical or mental health practitioners may be used if assigned on-site to the facility.”

The Incident Review Member who was interviewed explained that this would be completed with input from investigators and line supervisors. It is important to note that the only investigator at the facility is the Facility Director, who is a member of the Incident Review Team.

115.286 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “All findings and recommendations for improvement will be documented on the 14-2F CC Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. Completed 14-2F CC forms will be forwarded to the Facility Director, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator/designee.”.

Form 14-2F CC Sexual Abuse Incident Reviews considers:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

4. Assess the adequacy of staffing levels in that area during different shifts;

5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager

In addition, Form 14-2 F considers:

· Was any information available that should or could have alerted staff that the incident might occur?

· Have any prior substantiated allegations of sexual abuse or assault occurred in the same area of the facility?

· Once the incident was detected, was the staff response timely and appropriate?

· Were policies and procedures followed in this case?

· Were appropriate medical care, mental health counseling, and/or other health services offered to the victim after the incident was reported?

· Were appropriate victim advocacy services offered to the victim after the incident was reported?

· If any of the alleged victims or perpetrators have a disability (including a mental illness) or are limited English-proficient, were appropriate steps taken to ensure the resident's access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse? Explain what services or accommodations were provided.

· Describe reclassification and housing decisions for both the victim and alleged perpetrator following the allegation.

· Were any additional measures necessary to protect staff, contractors, volunteers, or residents against retaliation for reporting or complaining about the incident, or participating in the investigation?"

115.286 (e) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, "The facility shall implement the recommendations for improvement or shall document reasons for not doing so."

Form 14-2F-CC Sexual Abuse Incident Reviews has a section that includes "Review Team Recommendations", which requires that the person completing the form list all recommended changes in policies, procedures, and/or practices identified through the questions above, and describe exactly how each recommendation was implemented. The documentation also includes a section to document the method of implementation. If the recommendations were not implemented, there is a section to include "If any recommended changes were not implemented, please

	explain why.” Staff who participated in the Incident Review Team who were interviewed understood that if the recommendations were not implemented, they must document the reasons for not doing so. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Policy 5-1 CC Incident Reporting · Notification to Administration 5-1BB-CC Form · PREA Annual Reports for 2024, 2023, and 2022 · CoreCivic Policy 1-15 CC Retention of Records Interviews Conducted: · Agency Head · PREA Coordinator 115.287 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 CC Incident Reporting and 5-1BB-CC.”

	The PREA 5-1-CC Incident Reporting form was provided to the auditor. It explains the PREA standards definitions for tracking purposes. The PREA Coordinator explained the tracking mechanism CoreCivic utilizes for tracking allegations of sexual abuse and sexual harassment. The Agency Head designee explained the CoreCivic tracking mechanism, which includes collecting accurate, uniform data. He explained he reviews annual reports and looks for trends, including facilities that may have underreporting. 115.287 (b-c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “The incident-based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.” The agency aggregates incident-based data annually in the CoreCivic Annual Report. The CoreCivic Annual Report for 2022,2023, and 2024 was provided as proof documentation; however, all previous years’ reports were reviewed on the website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea. The Agency Head designee reported that the PREA Annual Report is completed annually by the Agency PREA Coordinator, and it is usually done in June of each year, for the previous year. The PREA Coordinator discussed how she ensures data is appropriately collected and aggregated annually, through the annual report, and SSV if requested. 115.287 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 CC Retention of Records.”

	The PREA Coordinator explained that CoreCivic collects data from all allegations of sexual abuse and sexual harassment. The data is stored in an electronic tracking system and is from investigative reports, sexual abuse incident reviews, etc. 115.287 (e) CoreCivic is a private facility; however, it is a contracted entity and does not contract for confinement with others to house its residents. 115.287 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, "Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by that Department." The PREA Coordinator said the SSV is submitted by the due date each calendar year when requested. The facility reported that they had not received a request since the last PREA audit, but were aware of the requirements. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic 2022, 2023, and 2024 PREA Annual Reports · Agency Website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea

	Interviews Conducted: · Agency Head · PREA Coordinator 115.288 (a) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include identifying problem areas and taking corrective action on an ongoing basis.” The annual reports assess the aggregated sexual abuse data and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas and taking corrective action on an ongoing basis. The PREA Coordinator explained the process for completing this report. The Agency Head designee explained that this report is ordinarily completed annually in June by the PREA Coordinator. 115.288 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “CoreCivic will prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year’s aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.” The annual report included a comparison of the current and previous year’s data and provided an assessment of the agency’s progress in addressing sexual abuse. It also included the scope of the report, applicable definitions, investigation outcome definitions, and explanation of the process, breakdown of PREA incidents by facility type and outcome, including any percentage of increase or decrease (from 2022, 2023, and 2024), what facilities received national PREA audits for that year, annual corrective actions identified and taken, The 2024 Annual Report states, “CoreCivic Internal audits, partner audits, and DOJ and DHS Audits by certified PREA Auditors provided valuable information needed to identify areas that required corrective action. Each audit report can be located on

	the facility webpage at CoreCivic.com for further information about specific corrective action. These audits, when layered with other centralized initiatives, resulted in the following improvements being made to the CoreCivic PREA Program.” For 2024, the Annual Report states there were risk screening tool improvements, new oversight for investigations, “PREA Month”, new controls for inmate housing compliance, mid-level supervisory training, conducting a study of the root cause of substantiated cases, and sponsorship of the national PREA Coordinators Conference. The PREA Coordinator explained that this was completed by reviewing the data that had been provided in the incident tracking database. 115.288 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “The CoreCivic Annual report shall be approved by the company's Chief Corrections Officer and made available to the public through the CoreCivic website.” The Executive Vice President (Chief Corrections Officer) approves the report on an annual basis, and it is posted on the public website. 115.88 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated.”. There were no specific materials disclosed in the report that would present security concerns. The PREA Coordinator said that there would be no such data posted without redaction. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: · CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response · CoreCivic 2022, 2023, and 2024 PREA Annual Reports · Agency Website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea Interviews Conducted: · Agency Head · PREA Coordinator 115.289 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records.” The PREA Coordinator said the PREA tracking database is securely retained by limiting access to a limited number of staff. Hard-copy files are locked and secured. 115.289 (b) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states, “The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website.” The auditor reviewed CoreCivic’s website before the onsite audit and was able to see the PREA data listed. 115.289 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states, “Before making aggregated sexual abuse data publicly available, CoreCivic shall

	remove all personal identifiers.” The auditor reviewed CoreCivic’s website prior to the onsite audit and was able to see that there were no personal identifiers listed. 115.289 (d) CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response states “The agency shall 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.”. The Core Civic Retention Schedule listed 5-1 Incident Reports (includes entire incident packet- PREA) as 10 years. Conclusion: The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents (Policies, directives, forms, files, records, etc.): CoreCivic Website Standard Analysis: 115.401 (a) CoreCivic ensures each facility operated by the agency receives an audit at least once every three years. The audit reports are posted on the CoreCivic website.

	115.401 (b) CoreCivic ensures each facility operated by the agency receives at least one-third of each facility type audit every year. The audit reports are posted on the CoreCivic website. 115.401 (f) The auditor reviewed all relevant agency-wide policies, procedures, reports, internal, and external audits, and accreditation for each facility type. This information was sent to the auditor before the on-site audit. 115.401 (g) The auditor reviewed a sampling of relevant documents. The auditor's methodology for reviewing this documentation is detailed at the beginning of the report. 115.401 (h) The auditor had access to and observed all areas of the audited facilities. The auditor conducted an extensive site review on the first day of the on-site audit. 115.401 (i) The auditor received relevant documents. Documents reviewed are detailed in the standard-by-standard analysis. 115.401 (j) The auditor will retain and preserve all documentation. The documentation will be provided to the Department of Justice upon request. 115.401 (k) The auditor interviewed a representative sample of residents, staff members, supervisors, and administrators. The auditor followed all guidelines for interviews in the auditor handbook. 115.401 (l) The auditor reviewed videotapes (such as the PREA video) and electronic data, such as the watch tour records. 115.401 (m) The auditor conducted private interviews with residents. 115.401 (n) Notice of the audit was posted at the facility six weeks prior to the onsite, and residents were permitted to send confidential information or correspondence to the auditor.

	115.401 (o) The auditor attempted to communicate with the community-based advocacy organization and Just Detention International.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 (f): The agency ensured that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public at https://www.corecivic.com/facilities/boston-avenue.

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

	interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of 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 the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

	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.)	
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

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

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

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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 residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	**Resident education**	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability?	
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the resident’s arrival at the facility, does the facility reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident 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
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252	**Exhaustion of administrative remedies**	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	na

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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 residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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 a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial 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
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	**Disciplinary sanctions for staff**	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (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
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the 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 noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes