

PREA Facility Audit Report: Final

Name of Facility: Central Arizona Florence Correctional Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: 04/12/2024

Date Final Report Submitted: 10/24/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Ericka Sage	Date of Signature: 10/24/2024

AUDITOR INFORMATION	
Auditor name:	Sage, Ericka
Email:	erickasage11@yahoo.com
Start Date of On-Site Audit:	03/05/2024
End Date of On-Site Audit:	03/08/2024

FACILITY INFORMATION	
Facility name:	Central Arizona Florence Correctional Complex
Facility physical address:	1155 North Pinal Parkway, Florence, Arizona - 85132
Facility mailing address:	

Primary Contact

Name:	Carmen Delgado
Email Address:	carmen.delgado@corecivic.com
Telephone Number:	5208682202

Warden/Jail Administrator/Sheriff/Director	
Name:	Kristopher Kline
Email Address:	Kristopher.Kline@corecivic.com
Telephone Number:	520-868-2201

Facility PREA Compliance Manager	
Name:	Carmen Delgado
Email Address:	carmen.delgado@corecivic.com
Telephone Number:	O: 423-208-5805
Name:	Edna Lopez
Email Address:	edna.lopez@corecivic.com
Telephone Number:	O: 520-868-9095
Name:	Laura Fransen
Email Address:	laura.fransen@corecivic.com
Telephone Number:	O: 520-868-9095

Facility Health Service Administrator On-site	
Name:	Kristen Jaramillo
Email Address:	Kristen.Jaramillo@corecivic.com
Telephone Number:	520-868-2165

Facility Characteristics

Designed facility capacity:	5003
Current population of facility:	3255
Average daily population for the past 12 months:	3580
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-76
Facility security levels/inmate custody levels:	Low, moderate and high
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	828
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	230
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	117

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

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

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-05
2. End date of the onsite portion of the audit:	2024-03-08

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	5003
15. Average daily population for the past 12 months:	3580
16. Number of inmate/resident/detainee housing units:	18
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	3430
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	2
38. 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:	10
39. 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:	0
40. 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
41. 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:	6
42. 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

<p>43. 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:</p>	<p>15</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>13</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>189</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility reports that it does not track, and has no way to pull question 42.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>814</p>

50. 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:	120
51. 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:	69
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	30
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The selection was based on ensuring representation from each housing unit, and both male and female inmates/detainees. When completing the random selection it was noted that a representative of varying age, race, ethnicity, and length of time in the facility were all represented. The audit team ensured they selected inmates to be interviewed and not facility staff.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Each interview was conducted in a private interview location, without others able to overhear. The audit team introduced themselves, explained the audit process, and explained the limits of confidentiality. The audit team utilized protocol questions, in an open-ended manner, and also asked follow-up questions, such as the inmate's perception of personal and sexual safety.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>26</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>2</p>
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported they had no inmates/detainees identified as blind or having low vision at the time of the onsite audit. The auditor spoke with staff, reviewed documentation, including investigative reports, and spoke with inmates/detainees and was unable to locate any inmate/detainees that had enough vision impairment to warrant receiving PREA information in any way other than what is typically provided.</p>

63. 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:	2
64. 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:	3
65. 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:	3
66. 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:	5
67. 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:	5
68. 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:	3

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported they do not house inmates/detainees in segregated housing for risk of victimization. There was no indication this had been done. The auditor spoke with staff who supervised in segregated housing units, reviewed documentation, including investigative reports, and spoke with inmates/detainees who reported sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor handbook requires that at least 50 inmates/detainees be interviewed, including 25 random and 25 targeted. The auditor oversampled by interviewing 30 random and 26 targeted due to the facility size. Inmates/detainees were willing to speak with the audit team, and staff were helpful in facilitating these private interviews. The audit team also asked targeted inmates/detainees the random protocol questions but did not include them in the total for random inmates/detainees.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>17</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor randomly selected staff to be interviewed by ensuring staff were selected from each shift. Security and non-security staff were also interviewed. The audit team utilized the random staff protocol questions, and explained the auditor's limits to confidentiality, what the audit process was, and asked open-ended questions. Each interview was conducted in a private location, where others could not overhear. No staff declined to be interviewed as part of this audit. The overall impression was that staff took PREA seriously, and would immediately respond if something happened. In general, staff liked working at the facility, and considered it a safe place to work.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>32</p>

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

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

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

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	<p>The auditor utilized the specialized staff protocol questions, and explained the auditor's limits to confidentiality, what the audit process was, and asked open-ended questions. Each interview was conducted in a private location, where others could not overhear.</p> <p>Some specialized staff served in multiple specialized roles and were interviewed utilizing more than one protocol question. The total number of specialized staff reflects the actual number of staff interviewed. A summary of interview outcomes is included in the associated audit standard/provision within the narrative section of the audit report.</p>
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
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<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>On the first day of the audit, the auditor conducted a complete tour of the facility including housing units, intake areas, segregated housing, food services, offices, closets, and other areas. The auditor ensured appropriate PREA signage was available in all locations where inmates congregate and tested all critical functions, including advocacy and hotline functions. The auditor observed positive staff and inmate interactions, paying particular attention to the staffing levels and supervision of inmates at the facility. The auditor looked for areas that may be considered "blind spots" and made recommendations as appropriate. The auditor reviewed log books, ensuring supervisor rounds were appropriately conducted. The auditor observed opposite gender announcements occurring, as well as reviewing bathrooms, showers, and search areas to ensure inmates have the availability to have privacy from opposite gender staff. The auditor had informal conversations with staff and inmates throughout the tour, asking specific questions about staffing, supervision, and sexual safety. The auditor reviewed camera footage, which was extensive without impeding privacy in bathroom and shower areas. The auditor took detailed notes using the Audit Site Review Checklist.</p>

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.

90. 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

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

The auditor independently selected records for review before, while onsite, and after the site review was completed including corrective action. The auditor reviewed at least twelve months of documentation for all records needed. The facility was incredibly responsive to the auditor's requests for documentation and there were no barriers to obtaining files. The auditor paid attention to record storage procedures, ensuring confidential PREA-related information is confidential and appropriately stored.

The auditor originally requested 55 inmate records, 12 volunteer records, and 27 contractor records. It is important to know that the auditor reviewed several additional records during the corrective action period.

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.

92. 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	5	5	5	13
Staff-on-inmate sexual abuse	8	8	8	13
Total	13	13	13	13

93. 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	12	0	12	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	15	0	15	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.

94. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	5	0
Staff-on-inmate sexual abuse	0	4	1	3
Total	0	5	6	3

Sexual Harassment Investigation Outcomes

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

96. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	5	6	1
Staff-on-inmate sexual harassment	0	1	2	0
Total	0	6	8	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

9

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>7</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor did review additional investigations as part of the corrective action, which is not included in these totals.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. 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

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> • CoreCivic Policy 14-2 Sexual Abuse Prevention and Response • 14-2J CoreCivic Zero Tolerance Policy Acknowledgment form • Position Description of the Senior Director, PREA Programs and Compliance • Agency Organizational Chart • Q & A with PREA Coordinator • Email Appointment of PREA Coordinator (PC) • Q & A with CoreCivic VP (on behalf of the Agency Head) • Central Arizona Florence Correctional Complex Organizational Chart

· Appointment Letter for PREA Compliance Manager

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Agency Head Designee
- Random Staff
- Random Inmate/Detainees
- Contractors
- Volunteers

115.11 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response is a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It states, "CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be tolerated. This includes inmate/detainee-on-inmate/detainee sexual abuse or harassment, and employee-on-inmate/detainee sexual abuse or harassment. All employees and contractors are required to sign the 14-2J CoreCivic Zero Tolerance Policy Acknowledgment form to acknowledge the CoreCivic Zero Tolerance Policy."

CoreCivic Policy 14-2 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, inmate/detainee screening, inmate/detainee 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, inmate/ detainee notifications, disciplinary procedures, collection and use of data and audits.

The policy is comprehensive and addresses each PREA standard within it.

The PREA Zero Tolerance Policy Acknowledgement form that employees, contractors, and volunteers must sign clearly states “In accordance with the Prison Rape Elimination Act of 2003 (PREA), CoreCivic has mandated a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited and will not be tolerated in CoreCivic facilities”.

Interviews with staff, contractors, volunteers, and inmates/detainees 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 for inmates/detainees, staff, volunteers, contractors, and employees can be reminded.

115.11 (b) Core Civic employed Eric Pierson, an upper-level and agency-wide PREA Coordinator (PC) at the time of the audit. During the corrective action period, Mr. Pierson retired, and Heather Baltz was appointed as the agency-wide PC.

CoreCivic Policy 14-2 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 Pierson and Heather Baltz states their position is a Senior Director of PREA Programs and Compliance. It states the PC “...develops, implements and oversees the company policies and procedures in complying with the standards...”.

The position description essential functions list several duties, including developing/overseeing the implementation of PREA-related policies/procedures, liaison, and resource for management and partners, coordinators implementation plans and actions, coordinating training as required by the standards, collecting and maintaining data, and 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 assist the facility with corrective action plans, revise policies if needed, provide technical assistance, and can involve CoreCivic Managing Directors and VPs to elevate concerns that need to be addressed.

A copy of an email was provided to the auditor, dated December 12, 2016, which was directed at all CoreCivic staff and explains the appointment of Eric Pierson to the position of PC.

The organizational chart provided shows PC Pierson as 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. It was explained to the auditor that this position was currently undergoing a change, therefore the auditor interviewed Steven Conry who was leaving the position, as well as Daren Swenson, who was reportedly taking over the position.

The interview with the PC and the Agency Head Designee reinforced Mr. Pierson had the time and authority to complete his duties as the agency PC. Mr. Pierson reports there is another full-time agency-level position that assists him in ensuring statewide compliance with the PREA standards, which was noted as reporting to the PC on the Organizational Chart provided to the auditor. That 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 afterwards, 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 his behalf and that they would need to change to become PREA compliant. The facility understood he had the authority to direct those changes.

Mr. Conry, 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.

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.

115.11 (c) CoreCivic Policy 14-2 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. The position is the Administrative Duty Officer level manager appointed by the Warden/Facility Administrator who maintains responsibility for the facility’s Sexual Abuse and Response Prevention Program.” Additionally, the PCM is defined in the policy as: “An Administrative Duty Officer-level manager appointed by the Warden/Facility Administrator who maintains responsibility for the facility’s Sexual Abuse Response and Prevention Program.

The Central Arizona Florence Correctional Complex (CAFCC) Organizational Chart was provided to the auditor. The chart shows the PCM as the Assistant Warden of Administrative Services. This position reports directly to the Warden of the facility.

The PAQ reported that the PCM was Carmen Delgado. An appointment letter dated October 25, 2021 explains that Carmen Delgado was appointed as the PCM of CAFCC.

The auditor began engaging in conversations with the PREA Compliance Manager before the onsite visit, in which she was responsive and knowledgeable in PREA at the facility. During an interview with the PREA Compliance Manager, she explained that she has worked as the PREA Compliance Manager for several years. She indicated that she has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.

Interviews with staff and others at the facility indicated that it was known that Ms. Delgado was designated as the PREA Compliance Manager. Staff, inmates/detainees, and others at the facility showed a great deal of respect and support for Ms. Delgado in her role as the PREA Compliance Manager. The auditor was also able to observe her ability to immediately address compliance issues without resistance from others.

Additionally, Ms. Delgado has a great deal of support from others in her role. It was clear during the site review that she was able to utilize other staff, including a Sexual Abuse Response Team (SART) to assist her in her role as the PREA Compliance Manager, in ensuring appropriate PREA protocols are in place and working well. The auditor's impression was that many staff took ownership in ensuring the facility was in compliance with PREA standards, and staff and inmates/detainees explained to the auditor that they felt the facility was a safe place to work and reside.

	<p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · Amendment of Solicitation/Modification of Contract for the USMS · Letter to CoreCivic from the State of Idaho dated RE: Housing and Management of Inmates · Cooperative Purchasing Agreement with the City of Mesa · Agreement Pursuant to Solicitation for the City of Message Agreement with CoreCivic · An Amendment of Solicitation/Modification of Contract for the United States Air Force · Scope of Work for Coolidge and City of Apache Junction <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Contract Monitor · PREA Compliance Manager <p>115.12 (a) The agency reported on the PAQ that they have entered into or renewed a contract for the confinement of inmates since the last PREA Audit. The PAQ noted that they had entered into six contracts for confinement with USMS, Cities of Mesa,</p>

Apache Junction, Coolidge, Luke AFB, and Idaho. The PAQ notes that all of the contracts require the contractors to adopt and comply with PREA standards. The PAQ noted that no contracts require contractors to adopt and comply with PREA standards.

A letter to CoreCivic from the State of Idaho dated RE: Housing and Management of Inmates, dated August 11, 2020, was provided to the auditor. This letter explains the intent to award a contract to CoreCivic.

After reviewing the available documentation, it was determined that CoreCivic is the contracted agency, and does not contract with other agencies for the confinement of its inmates/detainees.

CoreCivic is a private entity, and other governmental agencies contract with them for the confinement of their inmates.

115.12 (b) The PAQ explained that all the contracts require the agency to monitor the contractor's compliance with PREA standards, and explains that "the Contractor shall adhere to the federal Prison Rape Elimination Act (42 USC Sec. 15601 et seq.) The IDOC requires that the Contractor provide the IDOC with a copy of all PREA reports at the facility involving Idaho inmates or the Contractor's staff".

An Amendment of Solicitation/Modification of Contract for the USMS that was effective 3/14/2014 was provided to the auditor, which explains the contract was modified to "incorporate and implement comprehensive approaches that are in compliance with National Standards to Prevent, Detect, and Respond to Prison rape (28 CFR Part 115)("DOJ Final Rule"), which took effect on August 20, 2012."

A Cooperative Purchasing Agreement with the City of Mesa was provided to the auditor, which explains "a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include with new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for the agency contract monitoring to ensure that the contractor is complying with the PREA standards."

An Agreement Pursuant to Solicitation for the City of Message Agreement with CoreCivic was provided to the auditor, which also states "a public agency that

contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include with new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for the agency contract monitoring to ensure that the contractor is complying with the PREA standards.”

An Amendment of Solicitation/Modification of Contract for the United States Air Force was provided to the auditor, which states “ensure CoreCivic complies with the Prison Rape Elimination Act (PREA) and allows for compliance monitoring by the USAF.”

A Scope of Work for Coolidge and the City of Apache Junction was provided to the auditor, which states “a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include with new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for the agency contract monitoring to ensure that the contractor is complying with the PREA standards.”

The auditor spoke with two Contract Monitors that were located at the facility. Their role is to ensure that CoreCivic is complying with policies and standards, including PREA. They explained that CoreCivic was responsive to any requests they had for information related to PREA and they monitored CoreCivic's compliance with the PREA standards.

Conclusion:

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

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:
	· CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

- 2023 PREA Staffing Plan
- 2022 PREA Staffing Plan
- 2021 PREA Staffing Plan
- Central Arizona Florence Correctional Complex Site Plan
- East Side Camera List
- West Side Camera List
- Samples of Unannounced Rounds
- Unannounced Round Documentation Onsite
- Confinement Sign-In Logs
- Administration Sign-In Logs

Interviews Conducted:

- Warden
- PREA Coordinator
- PREA Compliance Manager
- Intermediate and higher-level staff

115.13 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, states “The facility, in coordination with CoreCivic FSC, shall develop an annual staffing plan that provides for adequate levels of staffing to protect inmates/detainees against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring the following factors should be taken into consideration:

- i. Generally accepted detention and correctional practices
- ii. Any judicial findings of inadequacy
- iii. Any findings of inadequacy from federal investigative agencies
- iv. Any findings of inadequacy from internal or external oversight bodies
- v. All components of the facility’s physical plant (including “blind spots” or areas where staff or inmates/detainees may be isolated

- vi. The composition of the inmate/ detainee population
- vii. The number and placement of supervisory staff
- viii. Institutional programs occurring on a particular shift
- ix. Any applicable state or local laws, regulations, or standards
- x. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- xi. Any other relevance factors”

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

The Annual PREA Staffing Plan Assessment for 2021, 2022, and 2023 was provided to the auditor as documentation. Each staffing plan considers all enumerated factors 1-11 as outlined in the policy and explains any changes since the last staffing plan. The staffing plan form is a checkbox-type document that does not allow for narrative discussion. 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 PREA Compliance Manager and Warden were interviewed regarding this provision. They both were able to explain that this staffing plan is reviewed on an annual basis and ensures all the required factors are considered.

The auditor was able to observe during the site review where blind spots had been considered. The facility said it has 623 total cameras throughout the facility to assist in blind spots. The PREA Compliance Manager and Warden explained they have carefully reviewed their camera system with PREA in mind, to ensure that blind spots are addressed. When additional cameras are identified, the Warden said he requests additional cameras to be installed. As the auditor reviewed the physical plant, the auditor noted several areas where changes had been made specifically to prevent sexual abuse. This included adding cameras, mirrors, or staffing changes as needed.

The auditor did find some areas that needed further examination. For example, there were a few offices that had blinds or obstruction of viewing into the office. The facility removed blinds or otherwise ensured a way to see inside the offices in most offices. The few offices that included areas where inmates would never go, were

labeled as such. Additionally, some restrooms were not clearly labeled as staff or inmate areas. Proof documentation was provided to the auditor via email following the site review. The facility said that areas in which inmates could easily go without staff visibility will be locked and one inmate will be allowed in at a time by staff control, such as bathroom areas. The auditor also observed two rooms that had objects stacked up that could obscure visibility by the camera located in those areas. The auditor requested the area be organized to ensure good visibility and recommends staff periodically review those areas to ensure they are organized.

The auditor did note that overall, doors in the facility that were supposed to be secured, were secured and areas throughout the facility had good visibility. The auditor recommends to the facility that it implement processes to ensure that an inmate/detainee and staff are never left alone in areas that others cannot review, such as coolers and closets.

Throughout the site review, the auditor had informal conversations with staff and inmates/detainees to discuss staff supervision, blind spots, and other concerns. Feedback was provided to staff while onsite about recommendations to increase sexual safety in those areas and staff were very responsive to the recommendations made.

115.13 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, section D Supervision and Monitoring /Staff Plans states “The PREA Compliance Manager shall document and describe the deviations on the 1-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation.”

The PAQ noted there were no deviations from the staffing plan in the past twelve months.

During the auditor’s interview with the Warden and PREA Compliance Manager, they explained that there had been no deviations from the staffing plan in the past twelve months. The auditor several documents that reinforced that deviations had not been needed. The facility has identified its critical posts and will hire overtime if needed to fill them. Staff can be reassigned if needed throughout the facility to ensure critical posts are covered. The auditor observed that vacancy rates were very low in comparison to other facilities throughout the country that she has observed.

115.13 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, section D Supervision and Monitoring /Staff Plans describes the annual staffing plan as required. It also states, "Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing."

The staffing plan is completed on an annual basis, and examples for 2021, 2022, and 2023 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 Central Arizona Florence Correctional Complex Site Plan, East Side Camera List, and West Side Camera List were provided to the auditor as supporting documentation.

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.

115.13 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, section D Supervision and Monitoring /Staff Plans states "Intermediate level and/or upper-level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrence of such rounds shall be documented as an unannounced round or "PREA Round" in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where inmates/detainees are permitted. Employees shall be prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."

Samples of unannounced rounds for the dates 3/12-3/18, 2023, 6/1-6/17, 2023, 6/25-7/1, 2023, 7/2-7/8, 2023, 10/15-10/21, 2023 along with administration sign-in logs for 10/8-10/14, 2023 for J-Pod and confinement sign-in logs for the week of 10/22,

2023 were provided to the auditor as supporting documentation in the PAQ. It was noted that there were daily tours occurring, however, it did not appear the time was always included, and the signature was not always legible.

During the site review, the auditor observed that there are other logbooks to document supervisor rounds that do include the date and time. The auditor also reviewed several logbooks to ensure rounds were being conducted and it showed they were done daily, at all shifts, at various times throughout the day. Supervisor rounds were noted as being conducted by the shift supervisor, as well as the facilities management team, including the Warden and Assistant Wardens. The auditor viewed supervisor rounds occurring during the site review. She informally discussed these rounds with staff and inmates during the site review. Staff and inmates explained that supervisors are constantly making rounds through all areas of the facility, periodically throughout the day and they are not announced by others. It is recommended that the supervisory staff add the time and print legibly in all tour books utilized for this purpose.

The auditor interviewed four supervisory staff members specifically for conducting unannounced supervisor rounds. Each person interviewed was able to clearly explain how they conducted supervisory rounds. They explained it is done at all hours of the day, ensuring that other staff are not alerting anyone to their presence or intent to make rounds. Supervisors explained that they would conduct rounds in all areas, not just housing units. They may enter alternative entrances so that staff will not see that they are coming. They specifically explained these rounds are conducted to identify and deter staff sexual abuse and sexual harassment.

Conclusion:

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

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: <ul style="list-style-type: none"> · CoreCivic Policy 14-2 (02) Sexual Abuse Prevention and Response Change

Notice

Interviews Conducted:

- Staff who Supervise Youthful Inmates/Detainees
- Education and Program Staff who Work with Youthful Inmates/Detainees (no such education/programs at this facility)
- Youthful Inmates/Detainees

115.14 (a) The PAQ stated that there were 24 youthful inmates held at the facility during the twelve months preceding the audit. It also stated the current age range at the facility was 18-76 years old. It also states that there is only one housing unit, in which youthful inmates are housed and that there were no instances in which a youthful inmate as placed in the same housing unit as an adult at the facility.

The CoreCivic Policy 14-2 (02) Sexual Abuse Prevention and Response Change Notice was provided to the auditor. It states in Section 1.9 that “(a) For the purposes of this policy, youthful inmates are any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail. b. Youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters”.

There were two youthful inmates/detainees housed at the facility during the site review. The audit team interviewed both inmates who were at the facility and toured the areas where they were placed. The youthful inmates explained that they do have sight, sound, and physical separation from any adult inmates. Youthful inmates have their own housing unit, including a common space, shower areas, and sleeping quarters. Staff who supervise youthful inmates/detainees in their unit were interviewed. They explained that they understood the requirement to be separate from adult inmates/detainees and ensured that was enforced.

115.14(b) The CoreCivic Policy 14-2 (02) Sexual Abuse Prevention and Response Change Notice was provided to the auditor. It states in Section 1.9 that “(c) In areas outside of housing units, agencies shall either maintain sight and sound separation between youthful inmates and adult inmates, or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.”

	<p>The PAQ reports that the facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas outside of the housing units and always provides direct staff supervision when outside the housing units.</p> <p>Interviews with youthful inmates/detainees and staff who supervise them explained that when they are out of the housing unit, they also maintain sight and sound separations between youthful and adult inmates/detainees. The auditor was able to observe all areas while conducting the site review and verified that they were separate from areas where adult inmates would be.</p> <p>115.14 (c) The CoreCivic Policy 14-2 (02) Sexual Abuse Prevention and Response Change Notice was provided to the auditor. It states in Section 1.9 that “(d) The facility shall make its best effort to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, facilities shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.”</p> <p>While on the site review, the auditor noted that the area where youthful inmates/detainees are placed is separated from adult inmates, but not in isolation. Interviews with inmates/detainees and staff who supervise them indicated that this had not been done in the past to comply with this standard. The housing unit is run as a general population unit. The youthful inmates explained they watch television, play video games, and have access to other games, phones, and activities. They felt safe at this facility and had no complaints.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Policy Change Notice
- Shower Example Photos
- Toilet Example Photos
- Search Procedure Participant Workbook
- Search Procedure Facilitator Guide
- Training Roster
- Training Records

Interviews Conducted:

- Random Staff
- Random Inmate/Detainees
- Supervisory Staff Conducting Unannounced Rounds
- Transgender Inmate/Detainees

115.15 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Cross-gender inmate/detainee strip searches (male staff on female inmate/detainee, or, female staff on male inmate/detainee) shall not be conducted except in exigent circumstances or when performed by medical practitioners.

The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Policy Change Notice was also provided, which states “Cross-gender inmate/detainee strip searches (male staff on female inmate/detainee, or, female staff on male inmate/detainee) and cross gender visual body cavity inspections (i.e. viewing of the anal and/or genital opening) shall not be conducted except in exigent circumstances. A cross gender visual inspection of a body cavity under exigent circumstance shall be conducted only pursuant to an approved cross gender strip search.”

The PAQ stated that there had been no cross-gender strip or cross-gender visual body cavity searches of inmates.

The Search Procedure Facilitator Guide was provided to the auditor, explaining that same-gender searches are always completed, unless in exigent circumstances.

The audit team interviewed several inmates/detainees from the facility, who indicated that staff had not conducted cross-gender strip or visual body cavity searches. Interviews with staff also reinforced that this is never done at this facility. There was no documentation or indication that this has occurred in the past. All staff understood that this is only done in exigent circumstances or when performed by medical practitioners, however, they said that should never be the case because there is adequate same-gender staff on duty at all times.

115.15 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Pat searches of female inmates/detainees 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 inmate/detainee 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 inmates that were conducted by male staff.

Interviews with female inmates/detainees at the facility indicated that pat searches are always conducted by female staff and are never restricted from regularly available programming or other out-of-cell opportunities due to the lack of female staff.

Both female and male staff who were interviewed explained that female staff are only searched by female staff. There was no indication that this had occurred in the past. It was also noted by the auditor that most female housing units had same-gender supervision at all times.

115.15 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Policy Change Notice states "Whenever a cross-gender pat search of a female inmate/detainee, cross gender body cavity inspection of any inmate/detainee, cross-gender strip search of any inmate/detainee, or body cavity search of any inmate/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B Notice to Administration (NTA) in accordance with CoreCivic Policy 5-1 Incident Reporting. Details of the exigent circumstances

must be included in all log entries and 5-1B Notices.”

Interviews with inmates/detainees 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 inmate/detainee, it would always be documented. There were no examples of this occurring for the auditor to review.

115.15 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Policy states “Inmates/detainees 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 cell/living quarter checks.” It also states “staff of the opposite gender are required announce their presence when entering an inmate/detainee 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 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 correctional officer entering a housing unit is not required to announce if there is already a female correctional officer 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. It is not acceptable to announce only at the beginning of a shift e. Staff roving from one pod/dormitory to another inside of a larger unit must re-announce each time they enter.”

Photo examples of showers at the facility were uploaded for the auditor as supporting documentation. These photos showed that shower curtains covered appropriate areas of the body, while still allowing for visibility to ensure security.

Photo examples of toilets at the facility were uploaded for the auditor as supporting documentation. These photos showed a curtain that provided modesty when using a toilet.

The auditor spoke with several male and female inmates/detainees. 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.

Both security, non-security, and management staff who were interviewed said that opposite-gender staff announce their presence when entering a housing unit and only may see an inmate/detainee in a state of undress if it was incidental to a routine cell check. All staff understood their responsibility to limit cross-gender viewing to only exigent circumstances or when incidental to a routine cell check.

The auditor conducted a thorough site review of the facility. The auditor noted that the doors were all painted to say, "opposite gender must announce their presence". This is a clear, visible reminder for staff to announce when entering a housing unit. The auditor also observed opposite gender announcements taking place by male and female staff announcing they were entering the pod and announcing their gender, such as "female on the pod", or "male on the pod". Staff and inmates indicated they do this at all hours, even during the graveyard.

The auditor was able to view the shower and bathroom areas during the site review. Bathroom and shower areas have stalls or curtains that limit opposite-gender viewing of breasts, buttocks, and genitalia.

115.15 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Policy states "The facility shall not search or physically examine a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status. If the inmate/detainee's genital status is unknown, it may be determined during conversations with the inmate/detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

The PAQ noted that such searches have not occurred in the past twelve months.

The auditor interviewed five transgender inmates/detainees during the onsite audit. There were no intersex inmates at the facility during the onsite audit to speak with. Each transgender inmate/detainee was clear that they are never physically searched or examined for the sole purpose of determining their genital status. They said staff obtained this information by discussing with a medical practitioner or staff evaluating

a case plan.

Staff who were interviewed also indicated that they would never search a transgender or intersex inmate/detainee for the sole purpose of determining their genital status.

There was no indication in any of the file reviews conducted that this has occurred at this facility in the past.

Search Procedure Facilitator Guide was provided to the auditor, explaining that “staff may not conduct strip searches for the sole purpose of identifying an inmate/detainee's gender. If an inmate's, resident's or detainee's genital status is unknown, an agency can determine it through conversations with the inmate/resident/detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.”

It also explains that Searches of transgender or intersex inmates/residents/detainees should be carried out in accordance with the inmate's gender identity and by asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. Inmates/residents/detainees 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 inmate and the staff of the other gender searches the bottom half of the inmate.”

Interviews with five transgender inmates/detainees indicated that search preferences are always honored at the facility.

115.15 (f) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Policy states “all searches of transgender and intersex inmates/detainees shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.”

It also explains “i. Requiring two staff to search transgender inmates/detainees would be more intrusive than necessary.

ii. "Dual searches" where two different gendered staff search different parts of an

inmate/detainee's body are not acceptable.

iii. Searches of breasts shall be conducted using the back of the hand

iv. Requests for transgender inmates/detainees to remove appearance related items such as prosthetics, clothing that may convey gender identity, wigs, and cosmetics shall be consistent with requirements for the removal of similar items for other non-transgender/intersex inmates/detainees.”

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 inmates in a professional and respectful manner, consistent with security needs.

A copy of the Search Procedure Participant Workbook and Search Procedure Facilitator Guide were provided to the auditor, 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 inmate getting the search, except in exigent circumstances and in a private area. It explains that if an inmate is transgender or intersex, the same-gender search will be conducted in accordance with the gender they identify as.

Additionally, the Search Procedure Facilitator Guide states that “Cross-gender searches, and searches of transgender and intersex inmates, should be conducted professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.”

The auditor was able to review a training roster for this course. The training records indicated several staff had not received the training as required in this provision. The Director of PREA Compliance and Investigations indicated they were running the wrong report, but as of the interim audit report, a new training roster has not been provided. The facility entered into a corrective action period, in which they were advised they would need to create a plan to ensure all staff have received training as required in this standard, and the auditor will monitor compliance during the corrective action period.

During the corrective action period, the auditor received all transcripts needed to verify compliance with this provision. It was determined that all staff had taken the appropriate training.

	<p>Interviews with five transgender inmates/detainees indicated they had been searched in a professional and respectful manner, and consistent with the gender of staff they requested to complete the search.</p> <p>Corrective Action and Conclusion:</p> <p>The facility entered into a corrective action period, in which they were advised they would need to create a plan to ensure all staff have received training as required in provision (f), and the auditor will monitor compliance during the corrective action period.</p> <p>During the corrective action period, the auditor received all transcripts needed to verify compliance with this provision. It was determined that all staff had taken the appropriate training.</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · USMS PREA Bulletin (Spanish) · Language Line Contract · Amendment to Language Line Contract · Language Line Poster · Language Line ID Guide · Language Line Video Interpreting Guide

- Inmate Orientation Checklist 17-101 B
- Photos of TTY Machine and TTY Instruction Manual

Interviews Conducted:

- PREA Coordinator
- PREA Compliance Manager
- Agency Head Designee
- Inmates/Detainees with Disabilities, including Hard of Hearing, Deaf, Blind, or Low Vision
- Inmates/Detainees with Disabilities, including Intellectual, Psychiatric, or Speech
- Inmates/Detainees who are Limited English Proficient
- Risk Screening Staff
- Intake Staff

115.16 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The facility shall take appropriate steps to ensure that inmates/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to sexual abuse and sexual harassment.

a. Inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the inmate/detainee 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 inmates/detainees with limited reading skills. In the event an inmate/detainee 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 inmates/detainees on an individual basis.”

A contract with Language Line Services was provided, which explains that over-the-phone interpretation will be utilized when needed. An amendment to that contract was also provided, which states that video remote interpreting may also be utilized

when needed for American Sign Language.

A Language Line Poster and Brochure were provided to the auditor that explained the process for utilizing interpretation. Photos of TTY Machine and TTY Instruction Manual were provided to the auditor as supporting documentation.

The audit team was able to interview one hard of hearing and one deaf inmate/detainee at the facility. They were able to utilize a sign language interpreter video relay system that the staff had available. These inmates/detainees reported they had received the applicable PREA information, and assessment, knew how to report a PREA incident, and felt safe. They were able to take advantage of all aspects of the PREA program and felt the staff did a good job ensuring they understood PREA.

The facility reported there were no blind inmates/detainees 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 audit team interviewed three inmates with physical and 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. Staff who participate in various PREA processes understood that they would ensure the information was provided on a case-by-case basis, depending on the inmate/detainee's abilities and needs.

115.16 (b) The CoreCivic Policy 14-2 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."

A contract with Language Line Services was provided, which explains that over-the-phone interpretation will be utilized when needed. An amendment to that contract was also provided, which states that video remote interpreting may also be utilized when needed for the interpretation of all languages.

The Inmate Orientation Checklist was provided to the auditor, which includes documentation of language line services if needed. It is also noted that the checklist is in English and in Spanish.

The Language ID Code explains what code to utilize for different languages. Ninety different languages were options from the codes.

When reviewing documentation uploaded for 115.33 and 115.51, there were several educational documents that were translated in Spanish, as well as English. Please see the narrative for those standards for specific documents.

The audit team was able to utilize Language Line to interview several limited English-proficient inmates/detainees. The system worked very well, and interpretation was very common at the facility due to the high level of inmates who were limited English proficient. Most inmates/detainees with limited English proficiency was able to explain that they understand PREA and have received the information in a way they can understand. Most remember watching the Spanish video, receiving a PREA risk assessment, and seeing a variety of postings throughout the facility in Spanish.

When another language is needed, they utilize the language line to go over all PREA-related information. Additionally, it was observed that there were several staff who were employed at the facilities who spoke other languages besides English. Although not utilized for this PREA audit, they typically would be utilized for providing PREA education and PREA risk screening assessments.

Staff who conduct the PREA Risk Assessment and Inmate Education were interviewed. All were able to explain the language line process that is available. Additionally, the auditor was able to observe the language line information posted throughout the facility in several locations.

115.16 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "The facility will not rely on inmates/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first-responder duties, or the investigation of the inmate/detainee's allegations."

Interviews with inmates/detainees and staff verified the facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants for PREA-

	<p>related conversations unless there is an exigent circumstance. There was no indication that this had ever been done in the past at the facility.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · Conditional and Final Approval Letters for Clearance of Background Investigations · CoreCivic Form 14-2H Self Declaration of Sexual Abuse/Sexual Harassment for Applicant, Employees, and Contractors · CoreCivic Form 3-20-2B PREA Questionnaire for Prior Institutional Employers · IDS Employee and Contractor Report · Outside Agency Request for Employee Information Examples · New Hire Packets <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · PREA Compliance Manager · Human Resources <p>115.17 (a) CoreCivic Policy 14-2 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</p>

may have contact with inmates/detainees 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 512 staff hired in the twelve months preceding the audit. The auditor was provided a list of all staff hired, and the auditor selected and reviewed 31 new hire packets, to include information required in this provision.

Interviews with Human Resources staff indicated that all newly hired staff complete the application that includes this information. All applicants are asked specifically about these issues, and contractor records are reviewed prior to entry into the facility.

115.17 (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 inmates/detainees.”

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 inmates/detainees. The auditor randomly selected employee files for employees who had been hired or promoted in the twelve months preceding the audit, that supported compliance with this provision.

115.17 (c) CoreCivic Policy 14-2 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 this is completed every time there is a new hire.

The PAQ noted that there were 512 staff hired in the twelve months preceding the audit. The auditor was provided a list of all staff hired, and the auditor randomly selected and reviewed 31 new hire packets, to include information required in this provision. The auditor reviewed several criminal history checks for employees and contractors as well.

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. He said this is completed prior to every new hire.

Outside Agency Request for Employee Information examples were requested by the auditor, but not received as of the date of the interim report.

115.17 (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 inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted.”

The PAQ noted that there were 20 new contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

A list of all contractors at the facility was provided to the auditor. The auditor randomly selected several contractors to ensure criminal history checks had been completed before enlisting the services of any contractor who may have contact with inmates. All had a criminal history check.

The Human Resources staff were interviewed and understood the requirement for contractors to have a criminal history check prior to contact with inmates. He explained this is always completed prior to them entering the facility.

115.17 (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 inmates/detainees, or, have in place a system for otherwise capturing such information."

The auditor randomly selected 49 random staff files for employees and 22 for contractors. The auditor was provided the documentation that they have received criminal history checks within the past five years for 47 employees. One was not completed within the past years, and one file was unable to be located. The auditor asked that the facility review their records for all employees to verify that there are no other files that are missing or employees who have not had a criminal history check within the past five years.

The facility provided the auditor with documentation that the backgrounds were reviewed, and they found that there were 105 past-due renewals. In addition to that, there are another 100 coming due in the next two months. They have created a plan to get these caught up and ensure that this provision is institutionalized. The auditor monitored compliance during the corrective action period and verified all active employees were caught up and the provision had been institutionalized at the facility.

115.17 (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.

Applicants also must complete the Department of Homeland Security, 6 Code of Federal Regulations Part 115, which asks about previous misconduct described in this standard. The auditor reviewed several examples of this being completed upon hire.

The Human Resources Manager provided several of these forms that had been completed by applicants, employees, and contractors as documentation.

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 form and verified a self-evaluation is not part of that process.

115.17 (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.

115.17 (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.”.

Three examples of the facility providing this information to an institutional employer were provided as documentation.

The Human Resources Manager was also aware of the requirement.

Corrective Action and Conclusion:

During the corrective action period, the auditor was able to obtain a list of employees who have been hired in the twelve months preceding the audit that have correctional experience so the auditor can verify previous employment checks per provision (c) have been completed as required.

The facility was instructed they would need to ensure that all employees and contractors have a criminal history check at least every five years, as required by provision (e). The facility entered into a corrective action period, in which the auditor monitored compliance with this provision.

During the corrective action period, the auditor was able to obtain documentation and a list of staff and found that 105 staff were past the required date to complete the criminal history check. In addition, there were several that were coming due within the corrective action period. The facility created a plan to get these caught up and ensure the provision is institutionalized. The auditor monitored compliance with this provision throughout the corrective action period and was able to verify by independently selecting records that all staff had been caught up. Additionally, the auditor monitored the log to see the backlog and verified that the practice had been institutionalized.

The HR Manager at the facility now has a tracking mechanism in place (spreadsheet). The central office HR team also worked with the HR Manager to make sure there was a clear understanding of responsibilities as sustainability of compliance.

In conclusion of the corrective action period, the auditor determined the facility is in substantial compliance with every provision of this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- East Side Camera List
- West Side Camera List
- 07-01B1 PREA Physical Plant Considerations
- Documentation of Substantial Expansion/Modification

Interviews Conducted:

- Agency Head
- Warden
- PREA Coordinator
- PREA Compliance Manager

115.18 (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 inmates/detainees from sexual abuse. Considerations for modifications and renovations shall be documented on form 7-1B PREA Physical Plant Considerations.”

The 71-B PREA Physical Plant form 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 detainee from sexual abuse. The form indicates the staff completing it should review and explain the following:

- The layout of the cells/dormitories/rooms enable adequate supervision of inmates/detainees.
- The existence of blind spots that may require correction by additional of cameras, mirrors, or additional staff.
- Design/layout of shower stalls and/or shower areas enable inmate/detainees to shower without staff of the opposite gender viewing breasts, buttocks, or genitalia.
- Design/layout of the toilets (including urinals) enable inmate/detainees 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 inmates/detainees from sexual abuse.

- Other

An example of a completed form was provided as documentation, in which the PREA Compliance Manager completed it. The PREA Compliance Manager explained that was the only modification or substantial expansion completed within the twelve-month period prior to the audit. There was no indication during the site review that other changes had been made.

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.

115.18 (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 inmates/detainees from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.”

The facility has 623 total cameras throughout the facility. The facility self-reported they have at least 90 days of video storage. A list of all cameras was provided to the auditor.

The Agency Head Designee explained during his interview in detail how the agency replaces and expands camera systems. He can view the cameras from his office, and states they have an agency commitment to have high-quality camera coverage.

The Warden 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, he requests them.

	<p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Policy 13-79A Sexual Assault Response · CoreCivic Form 13-79A Rape/Sexual Assault Protocol · CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet · MOU between CoreCivic Florence Correctional Complex and the Town of Florence · Completed Investigative Packets · MOU with the Southern Arizona Center Against Sexual Assault (SACASA) · Sexual Abuse Response Team (SART) List <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · PREA Compliance Manager · Investigators · Shift Supervisors · Southern Arizona Center Against Sexual Assault (SACASA) Representative · Victim Services Coordinator · SANE at Honor Health

115.21 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however, the facility shall request through the MOU that the investigating entity follow the requirements of sections O.4.a. through O.4.e. below and as detailed in section M.13.-M.15. of this policy: a. The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.”.

The CoreCivic Policy 13-79A Sexual Assault Response states “The law enforcement agency investigating the allegation shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.”

The CoreCivic Form 13-79A Rape/Sexual Assault Protocol explains that “If the incident occurred within the last 72 hours:

1. Assess and stabilize any life/limb-threatening injuries.
2. Notify the LIP.
3. Do not allow inmate/detainee patients to bathe/shower, change clothes, use the restroom, and/or consume food/drink until the rape/sexual assault evaluation has been completed after transportation to the ER.
4. Refer the inmate/detainee patient to facility's mental health staff to evaluate the patient for suicidal ideation and ongoing counseling needs.
5. Provide supportive care until transferred to ER.

If the incident occurred more than 72 hours ago:

1. Assess and stabilize any life/limb threatening injuries.
2. Notify LIP who will evaluate/treat as needed, or order transfer to ER (if current medical condition requires this and/or signs of physical trauma suggesting recent sexual abuse are detected or if law enforcement determines sane/safe visit is required).
3. Refer the inmate/detainee patient to facility mental health staff to evaluate the patient inmate/detainee for suicidal ideation and ongoing counseling needs.”

It also explains “If based upon your collection of the above data, a professional judgment is required or you have any questions about how to proceed, you must consult with an LIP while the patient is still on-site. Otherwise, proceed with protocol.” The form must be signed by a Qualified Health Care Professional.

After review of the policy, the auditor discussed the timeframe with the facility, and the facility agreed to modify the policy to state, “At this facility, the window for collection of evidence is 120 hours unless otherwise directed by law enforcement”.

This change was approved by the Warden on 2/29/2024 and put into effect immediately. The updated timeframe is consistent with the standard evidence collection timeframe in Arizona.

There were thirty administrative and four criminal investigations during the twelve months preceding the auditor. The auditor reviewed eighteen PREA investigative packets, which included documentation of completion of the uniform evidence protocol. The auditor was able to review the protocol maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Interviews with staff indicated the evidence protocol was understood. Some employees had first responder cards, which included evidence preservation steps.

115.21 (b) The CoreCivic Policy 13-79A Sexual Assault 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 Policy 14-2 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 13-79A Rape/Sexual Assault Protocol was provided to the auditor

and it complied with this provision.

115.21 (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 CoreCivic Policy 13-79A Sexual Assault Response states “Facility Administrative Duty Officer (ADO) staff shall consult with law enforcement prior to transporting an inmate/detainee for an examination to be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim to the location directed by law enforcement. If a SAFE/ SANE provider is not available, the examination may be performed by other qualified medical practitioners at the off- site location. CoreCivic staff will not collect physical evidence.”

The facility reported in the PAQ that there were three SANE examinations in the past twelve months, and all were performed by a SANE/SAFE and were without financial cost. The auditor reviewed the documentation of all three SANE examinations. Each was completed by a SANE.

The auditor contacted a SANE at Honor Health who was able to explain the SANE process and indicated they would be provided at no cost to the inmate/detainee.

115.21 (d) The CoreCivic Policy 14-2 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.”

A MOU with the Southern Arizona Center Against Sexual Assault (SACASA) was provided to the auditor. The MOU states that SACASA agrees, and CoreCivic will ensure an advocate can accompany and support the victim through the forensic medical examination and during investigatory interviews. The MOU outlines the

responsibilities of both parties and commenced on 3/25/2021 and shall terminate upon expirations of three years unless terminated upon thirty (30) days written notice by either party. Since the MOU was due to terminate on 3/25/2024, the auditor requested a copy of the updated MOU once signed.

The auditor contacted a representative from the Southern Arizona Center Against Sexual Assault (SACASA) to discuss the services they provide at the facility. She said that they have an agreement with the facility, and things have gone well. The facility administration has immediately addressed any concerns they have had. They respond to the hospitals in the area for SANE for all exams, including those conducted on inmates/detainees who are at the facility. These are done at the hospital, and they always can respond.

115.21 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “As requested by the victim, either a victim advocate from a Rape Crisis Center or a qualified community-based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check Sheet via the IRD.”

The auditor contacted a representative from the Southern Arizona Center Against Sexual Assault (SACASA) 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. Any issues they have had with the facility have been immediately addressed by facility administration. Overall, she spoke very positively about the relationship with the facility.

The auditor contacted a SANE, who also verified advocacy services from a rape crises center would be made available during the forensic examination.

The facility has twenty-three agency staff members who are trained to provide victim advocacy services if needed or requested by the victim. The auditor interviewed a staff member who serves as a victim advocate, and she described her role. She would not respond to a SANE, because there are confidential, community-based advocates that are available, but she does meet with inmates/detainees post PREA allegation to provide emotional support, crisis intervention, information, and

referrals.

115.21 (f) An MOU between CoreCivic Florence Correctional Complex and the Town of Florence was provided to the auditor since they are responsible for conducting criminal investigations. This MOU states "As required by the finalized PREA standards CAFCC requests the investigating Agency follow the requirements in paragraphs (a) through (e) of section 28 C.F.R. 115.21 which is incorporated herein by reference."

115.21 (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

(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 understand the requirements if that should occur.

115.21 (h) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "The staff member must have been screened by SART and the Warden/Facility Administrator/designee for appropriateness to serve in this role and must have received documented education concerning sexual assault and forensic examination issues."

The facility said there were twenty-three staff who might serve in this role. The auditor requested documentation that they have been screened for appropriateness and have received applicable education concerning sexual assault and forensic examination issues in general. The auditor was provided with training records for every member of staff who is a trained advocate. The auditor verified with the facility that they were screened for the appropriateness for the role. She spoke with one of the trained staff advocates and was very impressed with her knowledge of the services she is able to provide, and she was clearly an appropriate person to serve in this role. She explained the training she has received, includes researching information on her own to ensure she has a good understanding of advocacy.

	<p>A Sexual Abuse Response Team (SART) List was provided to the auditor. This list indicates that the Victim Services Coordinator will make every effort to identify a victim advocate, however, if none can be provided, then they will provide inmates/detainees with confidential emotional support services related to sexual abuse. They will ensure that the inmates/detainees are aware that they may access additional victim services through community victim resource agencies. They will ensure the alleged victims are informed of their rights to care and protection from further victimization.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · MOU between CoreCivic Florence Correctional Complex and the Town of Florence · Completed Investigative Packets <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · PREA Compliance Manager · Investigators <p>115.22 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "The Warden/Facility Administrator shall ensure that an administrative investigation and/or a referral for a criminal investigation, is completed for all allegations of sexual</p>

abuse and sexual harassment.”

The facility reported there were thirty allegations of sexual abuse and sexual harassment in the twelve months preceding the audit. They reported thirty of those allegations resulted in an administrative investigation and four resulted in a criminal investigation.

The auditor reviewed 18 investigative packets. Each packet included the necessary documentation to show that an investigation was immediately initiated following a report of sexual abuse or sexual harassment.

The auditor interviews all three investigators who are located at the facility and conducts administrative investigations of sexual abuse or sexual harassment. The investigators explained that an investigation would always be completed for every allegation.

115.22 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “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.” It also states “Administrative Duty Officer (ADO) staff, the PREA Compliance Manager, Warden/Facility Administrator 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 potentially criminal behavior or the allegation would be not be considered a criminal act under federal, state, or local law.” This policy is posted on the website at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

The auditor reviewed eighteen investigations of sexual abuse and sexual harassment. Each investigation documented when a referral was made to law enforcement.

115.22 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response outlines the agency’s approach to conducting criminal investigation, including a referral to local law enforcement, as appropriate.

The Town of Florence is responsible for criminal investigations. An MOU between

	<p>CoreCivic Florence Correctional Complex and the Town of Florence was provided to the auditor for review. This publication describes the responsibilities of both the agency and the investigating entity.</p> <p>The auditor interviewed the three administrative investigators who are located at the facility. Each investigator was able to explain the agreement with the Town of Florence and the responsibilities of each agency.</p> <p>115.22 (d-e) 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.</p> <p>The auditor reviewed completed investigative reports and did not see any investigations that indicated these entities conducted investigations as described in this provision.</p> <p>An interview with three separate administrative investigators also indicated this had not occurred.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

- CoreCivic PREA Overview Training
- CoreCivic Form 14-2A PREA Training Acknowledgment - Pre-Service and In-Service
- CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement
- US Immigration and Customs Enforcement Cross-Gender, Transgender, Intersex Searches Training Certificate
- PREA Training Transcripts

Interviews Conducted:

- PREA Compliance Manager
- Random staff

115.31 (a) CoreCivic Policy 14-2 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 inmates/detainees to be free from sexual abuse and sexual harassment
- d. The right of inmates/detainees 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 inmates/detainees;
- i. How to communicate effectively and professionally with inmates/detainees, including LGBTI and gender non-conforming inmates/detainees; 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.

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 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.

115.31 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Such training shall be tailored to the gender of the inmates/detainees at the facility.

Employees who have transferred or have been reassigned from a facility housing only one gender of inmate/detainee (i.e. male facility to a female facility or vice versa) shall receive additional training.”

This provision is not applicable, as the facility houses both male and female inmates/detainees. Both genders were thoroughly discussed in the training provided.

115.31 (c) CoreCivic Policy 14-2 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, however when reviewing employee training files, it appeared that the training wasn’t always provided as directed by policy.

The auditor interviewed several random and specialized staff who were able to recall the PREA training they had received.

The auditor requested both training roster lists for all training for the past three years, as well as individual training rosters for 49 current employees at the facility. In reviewing the training records, it became clear that several employees did not have the training required in 2021 and 2022. The PREA Compliance Manager explained that the training requirements weren't met due to staffing shortages in relation to COVID-19, but the auditor was able to verify that 2023 training was provided to staff, as required.

Since this provision specifically states that training must be provided every other year, with refresher information provided in off-years, the auditor went back longer than twelve months to assess compliance. The facility was they would need to ensure a plan is in place that specifically states how the facility plans to comply with this provision moving forward. The plan should specifically note benchmarks and oversight to ensure it is completed, as required. The auditor monitored compliance with this provision during the corrective action period.

The auditor monitored compliance over the corrective action period and saw significant progress.

115.31 (d) CoreCivic Policy 14-2 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."

The auditor randomly selected several staff files and was able to review that they had signed the 14-2A PREA Training Acknowledgement- Pre-Service and In-Service forms.

All employees' records reviewed had these forms in their files, documenting that the employees understood the training they received. 14-2A PREA Training Acknowledgement- Pre-Service and In-Service form specifically states "I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training I received. I understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedures as directed in this training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, and Learning and Development Manager, or the PREA Compliance Manager." The form also lists out the training topics received, which are what is required in 115.31 (a) 1-10).

	<p>Corrective Action and Conclusion:</p> <p>The facility entered corrective action and was told they would need to ensure a plan is in place that specifically states how the facility plans to comply with PREA training completion requirements moving forward. This plan should specifically note benchmarks and oversight to ensure it is completed, as required. The auditor monitored compliance with this provision during the corrective action period. The auditor was able to review the plan and verify significant improvement in ensuring all staff receive the training. Every member of staff will receive the training by the end of the year with the progress made, and the facility understands the requirements moving forward.</p> <p>In conclusion of the corrective action period, the auditor determined the facility is in substantial compliance with every provision of this standard.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement · CoreCivic Form 22-1A Volunteers Training Matrix · CoreCivic Form 14-2K PREA Overview: Training for Contractors and Volunteers · CoreCivic Form 22-1C Volunteer Code of Ethics · CoreCivic Form 22-1B Volunteers Agreement · CoreCivic Form 14-2A PREA Training Acknowledgement Preserves and In-Service · Training Records <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Volunteers · Contractors <p>115.32 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “All volunteers and contractors who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy.”</p> <p>Contractors who routinely enter the facility receive PREA training and sign the same</p>

training acknowledgment forms. The auditor reviewed the PREA Overview: Training for Contractor and Volunteers, which included the agency's prevention, detection, and response protocols, as well as an overview on what is sexual abuse and sexual harassment, CoreCivic's Zero tolerance policy, how to fulfill their role in the CoreCivic and/or agency PREA policy, and how to comply with the law.

Contractors who are vendors, delivery drivers, or other contractors who have limited contact in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form, which provides basic training on zero-tolerance reporting.

Volunteers review training on the ADC website and sign the Form 22-1C Volunteer Code of Ethics. The Volunteer Training Matrix lists PREA training as a requirement.

The facility said they had 27 contractors and 66 volunteers on the PAQ.

The auditor interviewed two contractors and two volunteers during the onsite audit. All were well-versed in PREA and remembered their PREA training. They were able to describe what was taught to them in the training and were able to explain how they had or would respond to a PREA incident.

The auditor randomly selected training records, including the CoreCivic Training Acknowledgement for 12 volunteers and 22 contractors. The facility only provided 14 of the 34 records that were selected.

As of the date of the interim report, the auditor had not received the remaining training records.

During the corrective action period, the facility was able to provide all remaining training records, showing volunteers and contractors had taken the required training.

115.32 (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 level of contact they have with inmates/detainees. All volunteers and contractors who have contact with inmates/detainees 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 inmates/detainees. 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."

It also says that "The 14-2K PREA Overview Training for Contractors and Volunteers may be required should their duties develop into recurring contact with inmates/detainees".

	<p>CoreCivic Policy 22-1 Volunteer Services and Management states “Each volunteer shall complete an appropriate, documented orientation and/or training program prior to assignment and shall agree, in writing, to abide by all facility policies, particularly those relating to the security and confidentiality of information. Training of approved volunteers shall be appropriate to the level of access and inmate/detainee contact associated with their volunteer assignment”</p> <p>These requirements prioritize the level and type of training based on the services they provide and the level of contact they have with inmates. All volunteers and contractors 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.</p> <p>115.32 (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 Warden/Facility Administrator or PREA Compliance Manager.”</p> <p>This satisfies the requirement that the agency maintain documentation confirming that volunteers understand the training they receive.</p> <p>Corrective Action and Conclusion:</p> <p>During the corrective action period the facility was advised they shall provide the auditor with the remainder of the training records requested, and if found to be non-compliant, enter a corrective action plan that ensures all volunteers and contractors receive the necessary PREA training, and develop a process to ensure completion and appropriate tracking moving forward.</p> <p>During the corrective action period, the facility was able to provide all remaining training records, showing volunteers and contractors had taken the required training.</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement
- CoreCivic Form 22-1A Volunteers Training Matrix
- CoreCivic Form 14-2K PREA Overview: Training for Contractors and Volunteers
- CoreCivic Form 22-1C Volunteer Code of Ethics
- CoreCivic Form 22-1B Volunteers Agreement
- CoreCivic Form 14-2A PREA Training Acknowledgement Preserves and In-Service
- Lists of Volunteers and Contractors
- Verification of PREA Training

Interviews Conducted:

- Volunteers
- Contractors

115.32 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “All volunteers and contractors who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy.”

Contractors who routinely enter the facility receive PREA training and sign the same training acknowledgment forms. The auditor reviewed the PREA Overview: Training for Contractor and Volunteers, which included the agency’s prevention, detection, and response protocols, as well as an overview on what is sexual abuse and sexual harassment, CoreCivic’s Zero tolerance policy, how to fulfill their role in the CoreCivic and/or agency PREA policy, and how to comply with the law.

Contractors who are vendors, delivery drivers, or other contractors who have limited contact in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form, which provides basic training on zero-tolerance reporting.

Volunteers review training on the ADC website and sign the Form 22-1C Volunteer

Code of Ethics. The Volunteer Training Matrix lists PREA training as a requirement.

The facility said they had 27 contractors and 66 volunteers on the PAQ.

The auditor interviewed two contractors and two volunteers during the onsite audit. All were well-versed in PREA and remembered their PREA training. They were able to describe what was taught to them in the training and were able to explain how they had or would respond to a PREA incident.

The auditor randomly selected training records, including the CoreCivic Training Acknowledgement for 12 volunteers and 22 contractors. The facility only provided 14 of the 34 records that were selected.

As of the date of the interim report, the auditor had not received the remaining training records, so the facility entered into a corrective action period.

115.32 (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 level of contact they have with inmates/detainees. All volunteers and contractors who have contact with inmates/detainees 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 inmates/detainees. 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.”

It also says that “The 14-2K PREA Overview Training for Contractors and Volunteers may be required should their duties develop into recurring contact with inmates/detainees”.

CoreCivic Policy 22-1 Volunteer Services and Management states “Each volunteer shall complete an appropriate, documented orientation and/or training program prior to assignment and shall agree, in writing, to abide by all facility policies, particularly

those relating to the security and confidentiality of information. Training of approved volunteers shall be appropriate to the level of access and inmate/detainee contact associated with their volunteer assignment”

These requirements prioritize the level and type of training based on the services they provide and the level of contact they have with inmates. All volunteers and contractors 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.

115.32 (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 Warden/Facility Administrator or PREA Compliance Manager.”

This satisfies the requirement that the agency maintain documentation confirming that volunteers understand the training they receive.

Corrective Action and Conclusion:

The facility entered into a corrective action period, in which they needed to provide the auditor with the remainder of the training records requested, and if found to be non-compliant, enter a corrective action plan in that ensures all volunteers and contractors receive the necessary PREA training, and develop a process to ensure completion and appropriate tracking moving forward. If found to not be compliant, the auditor will monitor compliance during the corrective action period.

The facility conducted a full review of every volunteer and contractor file to ensure they had taken the necessary training, as required in this standard. A plan was put into place to ensure that Chaplain’s will schedule a full review of these files, beginning of each quarter to ensure that all PREA documents are completed and tracked. PREA training is now included in every training session and new PREA documents will be sent to HR and included in active records after every training session to ensure appropriate tracking.

The auditor independently selected volunteers and contractors and received

	<p>verification they had received the appropriate training. The auditor was able to see documentation of the training completed.</p> <p>In conclusion of the corrective action period, the auditor determined the facility is in substantial compliance with every provision of this standard.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course · CoreCivic Form 14-2A PREA Training Acknowledgment - Pre-Service and In-Service · CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement · US Immigration and Customs Enforcement Cross-Gender, Transgender, Intersex Searches Training Certificate · 14-2A1 PREA Training Acknowledgment Specialized Training · Completed Training Acknowledgement <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Investigators <p>115.34 (a) CoreCivic Policy 14-2 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.)”.</p>

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 before 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. It was also noted that other institution investigators complete staff-related PREA investigations at this facility. The auditor requested and received specialized training records for five investigators who are located at other facilities but completed PREA investigations at CAFCC. All five investigators had the required documentation of training.

The auditor interviewed all three PREA investigators at the facility. Each investigator interview explained the specialized training they received, in addition to regular PREA training that each employee must take.

The standards require that training be completed but do not require refresher training. The Director of PREA Compliance and Investigations noted that she has provided additional investigations training, including specific training on credibility assessments. The auditor recommends that refresher training be provided as needed.

115.34 (b) CoreCivic Policy 14-2 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.

	<p>The investigators who were interviewed confirmed training on these topics.</p> <p>115.34 (c) CoreCivic Policy 14-2 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.”</p> <p>The PAQ stated there were 3 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 all three investigators.</p> <p>Copies of signed 14-2A1 PREA Training Acknowledgement Specialized Training forms, CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement, and US Immigration and Customs Enforcement Cross-Gender, Transgender, an Intersex Searches Training Certificate were provided to the auditor as documentation.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · 14-2 A1 PREA Acknowledgement Specialized Training forms · NIC Prison Rape Elimination Act (PREA) Specialized Training for Medical and Mental Health · Roster of Medical and Mental Health Practitioners

- CoreCivic Form 14-2A PREA Training Acknowledgment - Pre-Service and In-Service
- CoreCivic Form 14-2J PREA Zero Tolerance Policy Acknowledgement

Interviews Conducted:

- Medical Staff
- Mental Health Staff

115.35 (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 115.31, 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.”

The facility reported that they 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 reports there are 123 medical and mental health care practitioners who work regularly at the facility, and all have received specialized training as required in this standard.

The auditor interviewed two medical staff and two mental health staff. Although none could specifically remember the specialized training they had been provided, they were able to discuss each topic and understand the requirements.

The auditor received documentation of specialized training for twenty-six medical and

mental health staff and contractors. The auditor found that four of the staff were not completed, as required, and there were no records provided for contractors.

115.35 (b) The facility does not conduct forensic medical examinations; therefore, this provision of the standard is not applicable.

Interviews with medical confirmed medical examinations are not conducted at the facility.

115.35 (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."

The auditor received signed copies of medical and mental health staff 14-2A1 PREA Training Acknowledgment Specialized Training as documentation for this standard.

115.33 (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 115.31 and 115.32, however, the auditor did confirm medical and mental health staff were part of the random selection.

Interviews with medical and mental health staff confirmed they had received regular PREA training, in addition to the specialized training.

The auditor was provided with training records that did not confirm compliance with training as required in 15.31 and 115.32 and are specifically discussed in those standards.

Corrective Action and Conclusion:

	<p>The facility entered into a corrective action period, which included ensuring all medical and mental health staff and contractors have received the training as required in this standard, and that a process be developed to ensure this is institutionalized moving forward. The auditor monitored compliance during the corrective action period.</p> <p>During corrective action, the facility identified all medical and mental health staff who had not completed the training and ensured they were appropriately trained. Additionally, they developed a process to ensure that medical leadership are able to actively monitor compliance with this standard. The auditor independently selected medical and mental health staff to ensure completion and was able to verify that training was completed.</p> <p>In conclusion of the corrective action period, the auditor determined the facility is in substantial compliance with every provision of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Form 14-2B Sexual Abuse Screening Tool · Spreadsheet for Tracking that Lists Active Inmates Without a PREA Assessment · Sexual Abuse Screening Tool 30 Day Reassessment · List of Inmate/Detainees Who Entered the Facility During Corrective Action · Training for Case Managers /Proof Documentation <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Screening Staff · Random Inmate/Detainees

115.41 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “All inmate/detainees 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 inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive.”.

The facility conducts screenings for detainees during intake at the facility utilizing form 14-2B Sexual Abuse Screening Tool.

A Spreadsheet for tracking that lists active inmates without a PREA assessment was provided to the auditor, which was dated 12/29/2023 and did not list any inmates/detainees.

Interviews with staff at the facility who conduct screening for risk and random inmates/detainees confirmed this is the process. The initial screenings are conducted by intake staff. Intake staff walked the auditor through the process for conducting initial screenings. The auditor spoke with several staff that work in intake. Two of those staff confirmed that they occasionally would have an inmate/detainee complete a written PREA screening instead of reading the questions to them. They said this would be the case if someone did not speak English and they were unable to get an interpreter. Although the standard does not specifically state this is not allowed, the auditor believes this is not good practice. It would be difficult to verify if the inmate/detainee was able to read and understand the information provided to them. Additionally, one staff said that there could be an occasion when the PREA screening was not done privately because two inmates/detainees were getting them completed while close by to each other. They are not conducted in a private room. It was explained to the auditor that the intake area was loud, and even though it would be difficult to hear, it would be possible.

The auditor spoke with the administration about the initial screening process to ensure that inmates/detainees are not writing the answers to their own PREA screenings and that a private screening is completed each time. The facility put out directions to intake staff and ensured they all had been trained to ensure this did not happen in the future. The facility administration should spot-check this process moving forward to ensure intake staff complete the initial screenings are directed.

115.41 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees shall be assessed, within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. This includes inmates/detainees who have been transferred from another facility, have been received from

a reception center where an assessment may already have been completed as part of the reception, and inmates/detainees who have been returned from court, or other leave status”

The PAQ said that all inmates/detainees 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 staff who conduct risk screening confirmed the initial screening is ordinarily conducted on the same day of arrival at the facility, exceeding the requirements of this provision of the standard.

The auditor independently selected 55 screening records for review. Due to the high turnover at the facility, the auditors reviewed the file for every inmate/detainee who was selected for interview, which provided a representative sample including inmates who arrived at the facility in the twelve months preceding the audit. All had received the initial PREA screening within 72 hours of arrival at the facility, with the majority completed within the first day.

Most inmates/detainees who were interviewed confirmed they remembered the initial PREA risk screening.

Interviews with the intake staff completing the initial PREA screening indicated this is completed on the first day after arrival at the facility.

115.41 (c) CoreCivic Policy 14-2 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 usage of another form or computerized screening process.”.

The screening tool was reviewed by the auditor and determined to be objective.

115.41 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The intake screening shall consider, at a minimum, the following criteria to assess inmates/detainees for risk of sexual victimization:

- a. Whether the inmate/detainee has a mental, physical, or developmental disability;
- b. The age of the inmate/detainee;
- c. The physical build of the inmate/detainee;
- d. Whether the inmate/detainee has previously been incarcerated;
- e. Whether the inmate/detainee's criminal history is exclusively nonviolent;
- f. Whether the inmate/detainee has prior convictions for sex offenses against an adult or child;
- g. Whether the inmate/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- h. Whether the inmate/detainee has previously experienced sexual victimization;
- i. The inmate/detainee's own perception of vulnerability; and j. Whether the inmate/detainee is detained solely for civil immigration purposes."

14-2B Sexual Abuse Screening Tool asks:

Section 1: Victimization

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 physical, mental, or developmental disabilities?
7. Do you have a current or prior conviction for sexual offense/abuse against a child or adult?
8. Inmate/Detainee appears to be physically, developmentally, or mentally disabled.
9. Inmate/Detainee has a small build or appears to be vulnerable.
10. Inmate/Detainee appears to be gender non-conforming, lesbian, gay, bisexual, transgender or intersex

11. Inmate/Detainee appears to be a loner, introverted, or naïve.

12. Inmate/Detainee has a youthful or elderly appearance which may contribute to vulnerability.

13. This is the first time the inmate/detainee has been incarcerated.

14. Inmate/Detainee has only non-violent offenses or institution records.

15. Inmate/Detainee is being detained solely for civil immigration purposes.

Section 3: Discrepancies Between the Interview and the File Review

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

The screening form is computerized; however, staff are instructed to verbally ask detainees 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 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 inmate/detainee responds he/she has been the victim of sexual assault or unwelcomed activity, and is 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 inmates/detainees sexually harassed him/her, etc.). This would also apply to the staff observation items. As an example, to the observation of whether the inmate/detainee appears to be a loner, introverted, or naïve, a yes answer would result in staff providing why they perceived the inmate/detainee 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 inmate/detainee, it should be noted and any additional YES answers should be taken into consideration in the scoring of each area. (i.e. the inmate/detainee 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 inmate/detainee 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 take 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.

The auditor reviewed 55 inmate/detainee records that included initial screening information to confirm the criteria used.

115.41 (e) CoreCivic Policy 14-2 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 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?
21. Inmate/Detainee has a security threat group affiliation.

The auditor independently selected 55 screening records for review. Due to the high turnover at the facility, the auditors reviewed the file for every inmate/detainee who was selected for interview, which provided a representative sample including inmates who arrived at the facility in the twelve months preceding the audit. All files reviewed included acts or prior sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence of sexual abuse in assessing inmates/detainees for risk of being sexually abusive. The auditor was able to locate records for inmates/detainees who were scored as potentially aggressive.

115.41 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Within a set period of time not to exceed 30 days from the inmate's arrival at the facility, a reassessment of the inmate/ detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B 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.”

A Sexual Abuse Screening Tool 30-Day Reassessment list for admit dates 1/1/2000 to 1/20/2024 was provided to the auditor as supporting documentation. This explains the dates of upcoming assessments and is used by the facility to ensure they are completed on time.

The facility reported that case managers conduct this assessment with inmates/detainees in a private office location, prior to 30 days after arrival at the facility. The auditor spoke with two Case Managers at the facility. The Case Managers explained the process for conducting these reassessments.

Some inmates who were interviewed remembered receiving a 30-day PREA risk screening, and some did not remember or did not believe they had received one.

The auditor independently selected 55 screening records for review. Due to the high turnover at the facility, the auditors reviewed the file for every inmate/detainee who was selected for interview, which provided a representative sample including inmates who arrived at the facility in the twelve months preceding the audit. The auditor reviewed 55 screening records to ensure they were re-screened for risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The auditor noted that ten of the files indicated that inmates/detainees received this reassessment after the 30-day required timeframe.

The facility entered a corrective action period, that included developing a process to ensure these reassessments are completed within the required 30-day timeframe, and the auditor monitored compliance with this provision throughout the corrective action period.

115.41 (g) CoreCivic Policy 14-2 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 inmate/detainee's risk of victimization or abusiveness. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator”.

The auditor requested documentation of reassessments for three inmates/detainees who had substantiated sexual abuse allegations during the twelve months preceding the audit, as well as one inmate/detainee who had changed their gender identity to transgender. The facility PREA Compliance Manager reported that a review of the 4 files indicated they did not have a reassessment, as required by this provision.

The facility entered a corrective action period, that would include developing a process to ensure these reassessments are completed, and the auditor monitored compliance with this provision throughout the corrective action period.

115.41 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions.”

Intake and Case Managers who perform screening for risk were able to articulate that a detainee would never be disciplined for refusing to participate in a risk screening. When interviewing inmates/detainees, the auditor was not made aware of a detainee who had been disciplined. There was no evidence that this had ever occurred.

115.41 (i) CoreCivic Policy 14-2 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 is not exploited to the inmate/detainee's detriment by staff or other inmates/detainees Measures taken shall include, but are not limited to:

- a. Sexual Abuse Screening Interviews with inmates/detainees at intake shall be conducted with as much privacy as is reasonable given security and safety concerns.
- b. An inmate/detainee shall not be permitted to complete his/her own 14-2B form (or contracting agency assessment form) or utilize assistance from other inmates/detainees to complete the form. All 14-2B forms shall be completed by staff.
- c. Inmates/detainees shall not be permitted to have access to files containing assessment forms belonging to other inmates/detainees.
- 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 who screen for risk it the auditor was told that the PREA risk screenings are limited to only certain staff at the facility that need access to them. Most staff do not have access to them.

Corrective Action:

The facility entered a corrective action period, that would include creating a process to ensure these reassessments are completed within the required 30-day timeframe, and the auditor monitored compliance with this provision throughout the corrective action period.

	<p>The facility entered a corrective action period, that would include developing a process to ensure reassessments are completed each time a referral, request, incident of sexual abuse, or receipt of additional information that bears on an inmate’s risk of sexual victimization or abusiveness. The auditor monitored compliance with this provision throughout the corrective action period.</p> <p>As part of the corrective action plan, each Case Manager was trained in the expectations regarding timely assessments. Rosters of this training were provided to the auditor for review. They also developed a process in which investigative staff will contact the Unit Manager once an investigation, request, incident, or any new information has been obtained or received that bears on an inmate’s risk of sexual victimization or abusiveness so a PREA assessment can be completed. There were no reassessments needed for this purpose throughout the corrective action period, as the auditor monitored investigative documentation to verify.</p> <p>The auditor independently selected inmate/detainee records based on a list of those who had entered the facility during the corrective action period. The auditor reviewed proof documentation that they had received their assessment as required by this standard. The auditor determined there were some that were still not completed on time, and the facility identified that there had been new Case Managers that were not included in the original training. The facility trained them and developed a plan to ensure new Case Managers are trained moving forward. The auditor continued to monitor compliance and saw great improvement during the remainder of the corrective action period, showing they had institutionalized this standard.</p> <p>In conclusion of the corrective action period, the auditor determined the facility is in substantial compliance with every provision of this standard.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities · PREA Alert Roster

- Distribution of PREA Alert Roster Sample
- CoreCivic Form 14-9 Transgender/Intersex Assessment and Treatment Plan
- CoreCivic Form 14-2B Sexual Abuse Screening Tool
- Employment Background Review form
- Reports that Show Where Inmate/Detainees With PREA Designators Are Housed

Interviews Conducted:

- Screening Staff
- Random Inmates/Detainees
- Lesbian, Gay, Bisexual, Transgender, and Intersex Inmates/Detainees

115.42 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “All inmate/detainees 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 inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive.”

The computerized screening automatically calculates the risk, based on the answers to the questions. A score is automatically assigned based on that score.

CoreCivic Policy 14-2 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.”

Detainees may score as “victim”, “potential victim”, “predator”, “potential predator”, or “Not Applicable”. The computerized system will not allow a detainee who scores as a victim/potential victim to be housed with a detainee who scores as a predator/potential predator.

A PREA Alert Roster was provided to the auditor. In reviewing the roster, it appeared

there were several instances when inmates/detainees who were coded as potentially vulnerable were housed with inmates/detainees who were potentially aggressive.

The facility entered into a corrective action period, which included creating a process to ensure inmates/detainees who are at high risk of victimization are kept separate from those who are at high risk of being sexually abusive. The facility will need to ensure staff who are responsible for this process are trained and the auditor will monitor compliance throughout the corrective action period.

Additionally, the auditor requested additional information on how the facility uses information from the risk screening to make work, education, and program assignments. The PREA Compliance Manager indicated there are no education and program assignments at this facility. The auditor was provided an Employment Background Review form that is completed anytime an inmate/detainee is approved for a job. This form does not specifically address PREA concerns but does address sex offenses, STG status, escape history, and enemies on file. The PREA Compliance Manager has indicated that the form is facility-specific and that they will add PREA considerations. The facility then created and provided the auditor with a copy of the updated form, and the auditor monitored compliance during the corrective action period.

115.42 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The facility shall make individualized case by case determinations about how to ensure the safety of each inmate/detainee”.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Use of Restrictive Housing to protect inmates/detainees at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort”.

In interviews with all staff, it was apparent this is completed. The staff who conducted PREA risk screenings and others all were able to articulate how important it was to ensure that vulnerable inmates/detainees were safe from inmates/detainees who may be predators.

115.42 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “In deciding whether to house a transgender/intersex inmate/detainee in a male or

female unit, pod, cell, or dormitory within the facility subsequent to arrival or, when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems”.

CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities explains the process for reviewing each transgender and intersex inmate/detainee to determine whether to assign to a facility for males or females and other housing and program assignments. It clearly articulates a process that considers, on a case-by-case basis whether a placement would ensure the inmate/detainee's health and safety, and whether the placement would present management or security problems.

The policy also states “Following identification of a Transgender or Intersex inmate/detainee at Intake (or upon identification after Intake), the inmate/detainee shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form. Referral shall be within 24 hours following the inmate/detainee's arrival (excluding weekends and holidays).”

The auditor reviewed the last two reviews for every transgender inmate who was housed at the facility at the time of the site review. Each inmate/detainee selected had a CoreCivic Form 14-9 Transgender/Intersex Assessment and Treatment Plan completed, as required that showed these decisions were on a case-by-case basis to ensure the inmate's health and safety were considered and whether there would be management or security problems.

CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities explains the multidisciplinary group (SART) will consider all applicable considerations, including privacy issues, available beds, safety/security risks, search preferences, hygiene and showering, medical care, an inmate/detainee’s own view of safety, amongst other factors. Once reviewed a treatment plan will be completed and placed in the inmate/detainee's file, and a copy is provided to the inmate/detainee.

Interviews with staff indicated that the facility takes a multi-disciplinary approach to ensuring transgender and intersex inmates are safely and appropriately placed in housing and program assignments. The institution utilizes a SART approach for these reviews.

The auditor interviewed five transgender inmates/detainees at the facility. The facility indicated that there were not any intersex inmates/detainees who were at the facility at the time of the site review. All five inmates/detainees who were interviewed felt they were safely housed, and felt staff made individualized determinations on their housing and programming assignments. Interviews did indicate several concerns about medical-related issues, but they were not related to any provision of this standard. The auditor explained to the inmates/detainees that she would pass along their concerns, and then let the facility administration know the issues the inmates/detainees asked to be provided to them.

115.42 (d-e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Transgender or intersex inmate/detainee gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments” and “Transgender or intersex inmate/detainee gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments”.

CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities states “The SART shall reassess an inmate/detainee Treatment Plan, placement, programming, and housing assignment twice each year. The CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form shall be used for these reassessments.

A reassessment shall be completed any time that additional relevant information becomes known, or following any incident of victimization or threats to safety experienced by the inmate/detainee. At a minimum, SART shall consider the following in the reassessment

- a. Changes in the transgender inmate/detainee's housing preferences;
- b. Variations in the inmate/detainee's medical and/or mental health status;
- c. Safety/security of the inmate/detainee, other inmates/detainees, and/or facility staff;
- d. Any threats to safety experienced by the inmate/detainee;
- e. Continued availability of housing; and
- f. Concerns documented by the facility.”

There is also a section for “additional information provided by the inmate/detainee”.

Interviews with inmates/detainees who identify as transgender confirmed that they were met with on a routine basis to discuss any concerns they may have, and believed their own views with respect to their own safety are given serious consideration. All transgender inmates/detainees the auditor interviewed felt safe in their current housing situation.

The Transgender/Intersex Assessment and Treatment Plan was reviewed, and it considered several different things such as age, classification, offenses, housing status at previous facilities, medical and mental health information, and information gathered from the inmate/detainee, including safety concerns. The treatment plan that will be created includes housing and programming, showering, clothing and property, searches, etc. The detainee will be made aware of the treatment plan and will sign it. The SART completes the form.

The auditor requested the last two CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan forms for each transgender inmate/detainee who was at the facility at the time of the site review. The auditor was able to verify the forms were completed at least twice each year to review any threats to safety experienced by the inmate/detainee. The form also has a self-report section that asks the inmate/detainee:

“How long have you identified as this gender?

Have you previously experienced sexual victimization in a correctional facility?

Do you feel threatened or at risk of harm here?

What is your housing preference?

Do you have concerns for your safety?

Do you have any concerns about being viewed in the shower?

What gender of staff do you feel comfortable with conducting a pat search?”

The transgender inmates/detainees who were interviewed during the site review said they spoke with staff frequently about their safety and believed their own views with respect to their safety had been given serious consideration.

115.42 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees.

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 timephasing or scheduling (e.g. allowing an inmate/detainee 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 inmates/detainees who have not been identified as Transgender or Intersex or have this review pending.

AT THIS FACILITY, TRANSGENDER AND/OR INTERSEX INMATES/DETAINEES ARE PROVIDED THE OPPORTUNITY TO SHOWER SEPARATELY AS FOLLOWS:

ALL TRANSGENDER AND INTERSEX INMATES WILL BE AFFORDED SHOWERS DURING FACILITY COUNT TIMES WHEN ALL INMATES ARE SECURED IN THE CELLS. THIS WILL BE DOCUMENTED IN THE UNTIL LOG BOOK WHERE THE INMATE/DETAINEE IS HOUSED.”

CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities states “Transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees. Facilities should adopt procedures that will afford transgender and intersex inmates/detainees the opportunity to disrobe, shower, and dress apart from other inmates/detainees.”

The staff who conducted PREA risk screenings were also aware of this requirement.

All five transgender inmates who were interviewed said that they had the opportunity

to shower separately.

During the site review, the auditor observed all areas where transgender and intersex inmates shower. Even though it is a private shower area, all transgender and intersex inmates/detainees are provided a separate shower time during count. This allows them to have additional privacy.

The auditor did note there was one housing unit that had a less than-private shower area because the barriers are below the breast area. Even though inmates/detainees would be able to shower during count time, this would not provide the needed level of privacy. At the time of the auditor, there were no transgender or intersex inmates assigned to that unit but could be in the future. The auditor worked collaboratively with the facility to determine what corrective action would be taken. The facility determined they would utilize the use of a privacy screen that they would store in a closet close to the showers. During the count, when a transgender or intersex person is showering, they would be able to access the privacy screen. Photo evidence of the privacy screen was sent to the auditor on March 13, 2024. The facility also provided training to staff who work in that area and documented it via a roster, which was provided to the auditor on April 3, 2024. This explains the process for allowing a transgender or intersex person the option to use the partition during count time for showers. The auditor finds this provision compliant with the changes that were made and the training with staff in the area. The auditor recommends the PREA Compliance Manager periodically check in to ensure the partition is working as directed.

115.42 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The establishment of a unit, pod or wing solely dedicated to the housing of LGBTI and/or Gender Non-Conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority.”

The auditor was told the facility is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates/ detainees. There was no indication in interviews with staff, inmates/detainees, or during the site review observations that this had been done in the past. The inmates that were interviewed were spread out in different units in the facility.

Corrective Action and Conclusion:

The facility entered into a corrective action period, which included creating a process

to ensure inmates/detainees who are at high risk of victimization are kept separate from those who are at high risk of being sexually abusive. The facility was instructed to ensure staff who are responsible for this process are trained and the auditor monitored compliance throughout the corrective action period.

A training was conducted with Receiving and Discharge staff, and the auditor was provided with a signed training roster. During the corrective action period, the auditor did identify a few inmates/detainees who were housed with each other, which shouldn't have been due to their designator. A process was then created to ensure that this was checked daily. After months of reviewing inmates/detainees with designators without issue, there was one additional inmate/detainee who appeared to score as vulnerable and was housed with an inmate/detainee who appeared to score as aggressive. It was determined that the scoring was incorrect, as the screener had marked the wrong category, therefore, it was not accurate, and they were housed appropriately. The agency immediately responded to this concern and worked with the IT department to create automation that would include the system not allowing someone who is vulnerable to be housed with someone aggressive. This will be a statewide change, and it is commendable that the agency took quick action to ensure compliance moving forward.

The facility will also need to ensure that PREA designators are considered when assigning work, education, and program assignments. The form was updated, and the auditor monitored compliance during the corrective action period.

In conclusion of the corrective action period, the auditor determined the facility is in substantial compliance with every provision of this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Policy 10-100 Segregation Management of Detainees Interviews Conducted:

- Warden
- Staff Who Supervise Detainees/Inmates in Segregation
- Random Inmates/Detainees
- Inmates/Detainees Who Have Alleged Sexual Abuse
- Lesbian, Gay, Bisexual, Transgender, and Intersex Inmates/Detainees

115.43 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing the assessment”.

The CoreCivic Policy 10-100 Segregation Management of Detainees states “Detainees identified with a history of perpetration of rape or sexual assault or sexual abuse in an institutional setting, documented by prior convictions and/or prior institutional records, shall be placed into restricted housing until the initial classification has been completed and the detainee can be housed in the most appropriate available setting. Detainees at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and it has been determined that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the detainee in involuntary segregated housing for less than twenty-four hours while completing the assessment”.

The facility said they have had no detainees who were at high risk for sexual victimization placed in involuntary segregated housing in the past twelve months.

The auditor interviewed inmates, including those who were at high risk of victimization, and none reported being placed in segregated housing for this purpose. There were no indications in any documents reviewed, or onsite observations that this had occurred.

The staff who supervised in segregated housing were not aware of any inmates/detainees who had been placed there for high risk of victimization. Staff reported this would only be done as a last resort.

The Warden was aware that detainees who were at high risk of victimization should not be placed in segregated housing.

115.43 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees placed in restrictive housing pursuant to section I.8. above shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) the reasons for such limitations”.

The CoreCivic Policy 10-100 Segregation Management of Detainees states “Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility should document the opportunities that have been limited, the duration of the limitation, and the reason for such limitations.”.

Since no detainees had been placed in segregated housing for risk of victimization, there had been no examples for this auditor to review to ensure compliance.

Staff who supervise detainees in segregated housing were aware of this requirement and said they would be provided access to the required programs, privileges, education, and work opportunities; however, they were not aware of a time when they segregated someone at risk for victimization.

115.43 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days”.

The CoreCivic Policy 10-100 Segregation Management of Detainees states “Every thirty days, a review of each detainee’s status will be conducted to determine whether there is a continuing need for separation from the general population. This determination will be a component of the thirty-day review, as outlined in the definitions section of this policy.”

The facility said there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days. The auditor did not find any indication that this had occurred, therefore, there were no examples to review. Staff who supervise inmates/detainees in segregated housing were aware of this requirement and said if a detainee were placed in segregation, they would be moved as soon as possible to another, less restrictive housing assignment.

The auditor discussed this with the Warden, and he was aware of the requirements in this provision.

115.43 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "If involuntary restrictive housing is warranted as outlined above the documentation of such action shall clearly specify a basis for the facility's concern for the inmate/detainee's safety and the reason (s) why no alternative means of separation can be arranged".

The auditor discussed this with the Warden, and he was aware of the requirements in this provision, however, there was no indication that this had been done.

115.43 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Every 30 days, a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population".

The staff who supervised inmates/detainees in segregated housing understood this requirement and said there had not been a time that this occurred. The auditor discussed this with the Warden, and 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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- ICE Detention Reporting and Information Line
- Department of Homeland Security, Office of the Inspector General Poster
- U.S. Immigration and Customs Enforcement Sexual Abuse and Assault Awareness Pamphlet
- PREA Postings Photo Examples for Housing Units
- Ethics Poster
- Photos of PREA Hotline Number on Walls
- Consular Contact Information Posting
- PREA Hotline Posting
- Code of Conduct Training

Interviews Conducted:

- PREA Compliance Manager
- Random Staff
- Random Inmate/Detainees

115.51 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Inmate/Detainee Reporting a. Inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Inmates/detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: (5-ACI-3D-15; 4-ALDF-4D-22-7)

- i. Verbally reporting to any employee, including the facility Chaplain:
- ii. Submitting a request to meet with Medical or Mental Health staff and/or reporting to medical staff during sick call:
- iii. Calling the facility 24-hour toll-free notification telephone number;
- iv. Forwarding a letter, sealed and marked "confidential", to the Warden/Facility Administrator or any other employee;
- v. Calling or writing someone outside the facility who can notify facility staff;
- vi. Contacting the facility PREA Compliance Manager; and
- vii. Electronically reporting allegations of sexual abuse and harassment to the PREA Mailbox listed in the CORES system (where available).

At this Facility, inmates/detainees may report allegations of sexual abuse and sexual harassment by contacting any of the following:

USMS inmates/detainees have pertinent information posted in each unit concerning procedures for reporting a sexual assault to staff, to the U.S. Marshal, the Field Office Director, or to the Office of the Inspector General (OIG) by mail or by telephone at 1-800-869-4499."

The facility provides multiple internal ways for inmates/detainees to privately report sexual abuse and sexual harassment, retaliation by other inmates/detainees 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 several photos of posters/postings that are strategically placed throughout the facility. This included:

- ICE Detention Reporting and Information Line
- Department of Homeland Security, Office of the Inspector General Poster
- PREA Postings Photo Examples for Housing Units
- Ethics Poster
- Photos of PREA Hotline Number on Walls

The auditor viewed several posters throughout the facility that provided reporting information for inmates and detainees at this facility. There were posters in several locations providing reporting information, including in housing units, visiting rooms, classrooms, program areas, etc. It was also noted that the PREA hotline number was painted in large lettering on the walls in some locations. The auditor did note during the site review that some housing units did not have information posted close to the inmate/detainee phones. The auditor recommended moving those postings close to the phones, and the facility already made that correction while the auditor was still onsite.

The auditor noticed in photos provided prior to the site review that the PREA information was posted on white paper, as are all the other postings on the bulletin board. It was recommended that brightly colored paper be utilized and laminated when possible, so they are not torn down, or destroyed. When the auditor arrived for the site review, she noticed that the facility had already implemented this recommendation.

The auditor tested the detainee's phone systems and left a "test" message on the PREA hotline. The PREA hotline allows any inmate/detainee to use an anonymous pin, which is "4444444444444444". Once contacted, the information is immediately forwarded to supervisors to ensure someone can interview the detainee and/or follow up with the investigation. The PCM was able to immediately forward the information for the test call to the auditor for review.

Almost all detainees interviewed were able to recite the several ways they could report sexual abuse and sexual harassment. Many detainees also said they would feel comfortable talking to a staff person if they had an issue.

Staff were well versed in the various reporting options for inmates/detainees.

115.51 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Each facility shall provide at least one way for inmates/detainees 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 inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request.

The auditor was provided a U.S. Immigration and Customs Enforcement Sexual Abuse

and Assault Awareness Pamphlet, which states “You do not have to give your name to report a sexual abuse or assault. You can choose to report anonymously to the Detention Reporting and Information Line (DRIL) or the DHS OIG. You can also have someone else report on your behalf to the facility ICE Headquarters or the OIG.” The pamphlet explained the ICE Detention Reporting and Information Line is: 1-888-351-4024 or 9116#. The DHS Office of the Inspector General Line is 1-800-323-8603 or 518#. This line is not monitored or recorded and once reported, the allegation will be investigated immediately.

It is recommended that the anonymous reporting option is included in the handbook and clearly describes how it is anonymous, and what will happen with the report.

Inmates/detainees detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security in each housing unit.

115.51 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Employees /contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports”.

During staff interviews, they were all able to say they would accept reports made verbally, in writing, anonymously, and from third parties and shall document any verbal reports immediately. In reviewing the allegations the facility provided as documentation, there were a variety of ways that inmates/detainees reported the information, and each time, regardless of the way, it was immediately investigated, and first responders documented reports the same day.

115.51 (d) 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”.

The facility reported in the PAQ that staff are informed of their options to privately report sexual abuse and sexual harassment allegations through the Code of Conduct Training Class. The auditor requested and received a copy of the Code of Conduct Training, which clearly states that staff can report to the Ethics line, or on the ethics website if they do not feel comfortable or if it is impractical. The training also states they can report to Human Resources and FSC Legal.

	<p>The auditor observed the Ethics posters throughout the facilities during the site review in various locations, including staff breakrooms and bulletin boards.</p> <p>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.</p> <p>The auditor contacted the phone number for the Ethics line that was listed on the posters throughout the facility. The message said if it was a new allegation, the person calling needed to contact another phone number. The auditor contacted the new phone number and was able to contact an operator. The operator asked the auditor a series of questions, including if the auditor wanted to remain anonymous. The operator explained that if the auditor wanted to remain anonymous there was a way to log into a website and confidentially communicate with an investigator without having to give out their name or contact information. After providing all the information, the auditor received an email with login information. By the next day, the auditor had received a message from the Director of Ethics and Compliance at CoreCivic. He said that if it were not a “test” report, he would forward the allegation to the Warden and the PREA team from the Facility Support Center.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response <p>Interviews Conducted:</p>

- PREA Compliance Manager

- Grievance Coordinator

115.52 (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 inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process.

Should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility Investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

ii. All inmate/detainee grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 IRD.”

The auditor spoke with the Grievance Coordinator at the facility and verified they do not accept grievances of sexual abuse. The Grievance Coordinator would immediately forward any allegation of sexual abuse or sexual harassment to facility investigators. The auditor was able to verify through file review that there had been allegations that had been sent to the grievance coordinator that were immediately forwarded for investigation.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- MOU with Southern Arizona Center Against Sexual Assault (SACASA)
- CoreCivic PREA Pamphlet - English
- CoreCivic PREA Pamphlet - Spanish
- Inmate/Detainee PREA Handbook
- PREA Hotline Posting
- SACASA Victim Rights Webpage
- The CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet
- Sexual Abuse Response Team (SART) List

Interviews Conducted:

- PREA Compliance Manager
- Random Staff
- Random Inmate/Detainees
- SACASA Representative
- Just Detention International Representative
- Victim Services Coordinator

115.53 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Inmates/detainees 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: Southern Arizona Center Against Sexual Assault (SACASA), 1600 N. Country Club, Tucson, AZ 85716 Phone: 1-800-400-1001."

A PREA Hotline Posting that includes directions on how inmates/detainees can contact SACASA 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.

The auditor was provided the MOU with SACASA, which explains that SACASA will provide inmates/detainees at the facility with emotional support services, related to sexual abuse including SANE accompaniment, 24-hour crisis line response, written resources/services, treatment plans, and referrals for continued care. CoreCivic agrees not to monitor or record any phone calls to the hotline.

The CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet included information regarding the victim requesting a victim advocate, and when requested, the victim advocate is made available. This ensures that emotional support services from an advocate are made available. The auditor reviewed several investigative files that showed an advocate was offered and made available when requested.

A printout of the SACASA Victim Rights webpage was provided to the auditor, which provides general information on victim's rights including automatic rights, "upon request" rights, legal advocacy, and financial assistance. It does not appear this information is specific to inmates/detainees.

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 reviewed their database, and it did not indicate they had received any information regarding the facility in the past twelve months.

A Sexual Abuse Response Team (SART) List was provided to the auditor, which explains that the Victim Services Coordinator is responsible to attempt to obtain the services of victim advocates from rape crisis centers to assist the alleged victim after an allegation of sexual abuse.

An interview with the Victim Services Coordinator indicated that they would coordinate ensuring any sexual abuse victim was able to contact an outside rape crisis center for emotional support services and would provide mailing addresses, telephone numbers, etc. as needed. She said any communications are confidential.

The auditor spoke with a SACASA Representative, who verified that they provide services to inmates/detainees at the facility. She said the facility provides contact information for SACASA and all communications with inmates/detainees are confidential. She said they are not mandatory reporters and would provide services at the hospital and by phone, or letters. They do not provide in-person services other than at the hospital during a SANE currently. They provide advocacy services to several prisons in the area. She had no concerns with the current relationship with the facility and said any issues previously were immediately addressed by the administration.

The auditor tested the phone line to SACASA while conducting the site review of the facility. The phone worked and a representative answered and was able to verify they provide services via hotline whenever an inmate/detainee contacts them.

115.53 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Reasonable communication between inmates/detainees and the posted numbers for emotional support services shall be permitted in as confidential 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 inmates/detainees and these agencies may remain confidential.

Inmates/detainees 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 inmate/detainee's consent, in the event that the inmate/detainee 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 MOU with the Center with SACASA states that any calls to the hotline will not be monitored or recorded through the inmate/detainee phone system. The PREA Compliance Manager verified these calls are not monitored or recorded.

The representative from SACASA verified that all communications with inmates/detainees are confidential and not monitored or recorded.

The auditor asked the facility PREA Compliance Manager if the mail to and from SACASA was confidential and treated as legal mail. In response, the facility put out direction to all staff working in the mailroom that any mail to and from SACASA will be treated as legal mail. Additionally, the mailroom staff verified via the training roster that they understood this requirement.

115.53 (c) CoreCivic Policy 14-2 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 are able to provide inmates/detainees with confidential emotional support services related to sexual abuse.

The facility provided the auditor with a signed MOU with SACASA to provide detainees with confidential emotional support services related to sexual abuse. It was noted the MOU is up for revision, and the auditor asked the facility to provide her with a copy once complete.

	<p>The auditor discussed the MOU with the representative from SACASA. She said they were in the process of renewing this MOU.</p> <p>The auditor was provided an email from the facility requesting renewal of the MOU.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · ICE Detention Reporting and Information Line · Department of Homeland Security, Office of the Inspector General Poster · U.S. Immigration and Customs Enforcement Sexual Abuse and Assault Awareness Pamphlet · PREA Postings Photo Examples for Housing Units · Ethics Poster · Website Information for CAFCC/CoreCivic · PREA Investigations <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Random Staff · Random Inmates/Detainees

115.54 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/central-arizona-florence-correctional-complex>, which states:

Third Party Reporting Method(s):

Send a letter to:

Warden/Administrator

PO Box 1048

Florence, AZ 85132

Or

Call the CoreCivic Ethics and Compliance Hotline: 1-800-461-9330 or www.corecivic.com/ethicsline

For allegations related to ICE detainees, notifications may also be made to the ICE Community and Detainee Hotline toll-free at 1-88-351-4024 for USMS detainees by calling the Office of the Inspector General at 1-800-869-4499.

US Department of Justice

Office of the Inspector General

950 Pennsylvania Ave.

Washington, DC 20530

DHS Office of the Inspector General

Attn: Office of Investigations

245 Murray Lane SW

Washington, DC 20528-0305”

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 should choose to do so. The auditor received an email response from the Director of Ethics and Compliance the same day, that notified her that the report had been received. The email was addressed to the Warden, Facility investigator, and PCM at the facility, and copied to the PREA Coordinator. The Director of Ethics and Compliance noted that if the auditor was making an actual report, their office would send the reporting party an email or call to acknowledge the receipt of the report and advise that the report had been escalated to the appropriate leaders at the facility for investigation/review, however for purposes of the audit, the auditor was copied on that email. The PCM acknowledged receipt of that notification early the following morning.

The ICE Detention Reporting and Information Line, Department of Homeland Security, Office of the Inspector General Poster, U.S. Immigration and Customs Enforcement Sexual Abuse and Assault Awareness Pamphlet, and PREA Postings Photo Examples for Housing Units were provide to the auditor. All included information on how to report an incident, including from third parties on behalf of an inmate/detainee.

During the site tour, the auditor was able to see third-party reporting information available on detainee bulletin boards. During random interviews with detainees and staff, most did say they could have a friend or family member report on their behalf.

The auditor reviewed sixteen out of the thirty PREA investigations that were conducted in the twelve months preceding the audit. The auditor was able to verify that any allegation that was reported by a third party was immediately investigated.

Conclusion:

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

115.61	Staff and agency reporting duties
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 794 378">Supporting Documentation Reviewed:</p> <ul data-bbox="256 412 1278 736" style="list-style-type: none"> <li data-bbox="256 412 1262 445">· CoreCivic Policy 14-2 Sexual Abuse Prevention and Response <li data-bbox="256 479 1126 512">· Arizona Statute for Mandatory Reporting for Minors <li data-bbox="256 546 1278 580">· Arizona Statute for Mandatory Reporting for Vulnerable Adults <li data-bbox="256 613 683 647">· PREA Investigations <li data-bbox="256 680 743 714">· PREA Investigations Log <p data-bbox="256 837 576 871">Interviews Conducted:</p> <ul data-bbox="256 904 1150 1386" style="list-style-type: none"> <li data-bbox="256 904 783 938">· PREA Compliance Manager <li data-bbox="256 972 512 1005">· Warden <li data-bbox="256 1039 584 1072">· Investigators <li data-bbox="256 1106 592 1140">· Random Staff <li data-bbox="256 1173 584 1207">· Medical Staff <li data-bbox="256 1240 671 1274">· Mental Health Staff <li data-bbox="256 1308 1150 1341">· Inmates/Detainees who have Reported Sexual Abuse <p data-bbox="256 1487 1422 1688">115.61 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “In accordance with this policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding, an incident of sexual abuse or sexual harassment that has occurred in any facility (including a facility that is not part of CoreCivic).”.</p> <p data-bbox="256 1800 1469 1957">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 clearly describe the process for reporting and understood their responsibilities.</p>

The agency and facility leadership that was interviewed understood that every allegation must be reported and investigated.

When reviewing the sexual abuse and sexual harassment investigations in the past twelve months, each allegation appeared to be immediately reported and investigated.

The auditor reviewed incident reports and PREA Investigator Log for allegations and then reviewed sixteen out of the thirty investigations in the twelve months preceding the audit. These investigations verified employees immediately reported any knowledge, suspicion, or information regarding sexual abuse and sexual harassment.

The auditor interviewed five inmates/detainees who had reported sexual abuse. Each inmate/detainee said that all staff immediately responded to their allegation.

115.61 (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.”.

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.

115.61 (c) CoreCivic Policy 14-2 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 inmates/detainees of their professional duty to report and the limitations of confidentiality.”

Medical and Mental Health staff interviewed all said that they would inform detainees of their professional duty to report and the limitations of confidentiality in the initiation of services.

115.61 (d) CoreCivic Policy 14-2 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 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 is, however, they would report the information according to their protocols. xxx

The auditor reviewed the Mandatory Reporting Statute for Vulnerable Adults and Minors. It defines a vulnerable adult as an individual who is eighteen years of age or older and who is unable to protect themselves from abuse, neglect, or exploitation by others because of mental or physical impairments.

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.

Most staff who were interviewed understood mandatory reporting requirements.

115.61 (e) The facility reported that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are made to the facility's designated investigators. The auditor reviewed sixteen of the thirty investigations that the facility had in the twelve months preceding the audit and verified this was always done.

The facility interviewed three administrative investigators that are at the facility.

	<p>They explained that once a PREA allegation is made, regardless of how the information is provided, it is reported to the facility’s investigators.</p> <p>Interviews with random staff verified that the majority understood who the facility investigators were.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · PREA Overview Training Participant Workbook · PREA Overview Facilitators Guide · Investigation Packets <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Agency Head/Designee · Warden · Random Staff <p>115.62 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “When it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee.”</p>

	<p>The PREA Overview Participant Workbook and PREA Overview Facilitator’s Guide for PREA training explains immediate action must be taken, including separating the victim and the abuser.</p> <p>The facility reports that in the twelve months preceding the audit, there have been no instances that they determined an inmate/detainee was subject to substantial risk of imminent sexual abuse.</p> <p>Interviews with the Agency Head Designee, Warden, and Random staff all verified a good understanding of immediate actions that should be taken when it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse. All said immediate action would be taken to protect the inmate, including separation from the alleged perpetrator.</p> <p>The auditor selected and reviewed a sampling of investigations, that included sixteen of the thirty investigations from the twelve months preceding the audit. In every investigation, immediate action was taken to protect the alleged victim. This included immediate separation, medical evaluation, and referral for investigation.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Form 5-1 Incident Reports <p>Interviews Conducted:</p>

- Agency Head/Designee

- Warden

115.63 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Upon receiving an allegation that a current inmate/detainee 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 Warden/Facility Administrator of the facility that received the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place.

A copy of the statement of the inmate/detainee 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 Warden was aware of the requirement to report this information.

115.63 (b) CoreCivic Policy 14-2 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 that in the twelve months preceding the audit, there were 8 times that the facility received an inmate/detainee who alleged they were sexually abused at another facility.

The auditor reviewed several examples of this occurring to verify they were completed, as required by this standard. Each was completed no later than 72 hours after receiving the notification.

The facility reports that if a staff is notified that an inmate has been sexually abused at another facility, the staff notifies the shift supervisor, who is able to ensure this is appropriately forwarded.

115.63 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The facility shall document that it has provided such notification through the 5-1B Notice to Administration.”

The auditor reviewed 5-1B Notice to Administration forms that were completed on an allegation that took place when a detainee said he had been sexually abused at another facility.

115.63 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Upon receiving notification from another facility that an incident/allegation of sexual had occurred while the inmate/detainee 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, time) that may assist in determining whether an investigation was conducted. An inmate/detainee 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. iii. 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 IRD.”

The facility reported during the twelve months preceding the audit, there was one allegation that had been received by another facility. The auditor was provided documentation to show the facility received the information and confirmed they had already investigated the allegations.

The Agency Head and Warden were aware of this requirement and said these types of allegations would be investigated.

Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · Sexual Abuse Response Team (SART) List · CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet · First Responder Duties Card · PREA Overview Facilitator Guide · PREA Overview Participant Workbook · CoreCivic Form 5-1A Incident Report <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Staff Who Have Acted As a First Responder · Random Staff · Inmates/Detainees Who Have Reported Sexual Abuse <p>115.64 (a) CoreCivic Policy 14-2 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:</p> <p>Separate the alleged victim from the alleged abuser. When the alleged abuser is an inmate/detainee, he/she shall be secured in a single cell (if available) to facilitate the collection of evidence if required;</p> <p>Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation;</p>

Ensure that the alleged victim is taken to the facility's Health Services Department, and notify the highest supervisory authority on-site.”

CoreCivic Policy 14-2 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 Warden/Facility Administrator are immediately notified of the incident.

While in the Health Services Department, and 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 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.

If the abuse occurred within a time that allows for the collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate washing, showering, removing clothing without medical supervision, urinating, defecating, smoking drinking, eating, or brushing his/her teeth”.

The auditor interviewed several random staff who had been first responders and had not. The first responder questions were asked of all staff, not just the ones who had been first responders. All staff were able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties.

The PREA Overview Facilitator Guide and Participant Workbook was reviewed by the auditor and includes directions for first responders. A list of procedural responsibilities of the first responders, supervisor, and PCM was included. First Responders are notified to:

- Request the safety of the victim by separating the victim from the alleged perpetrator.
- Request someone escort the victim to Medical for examination/treatment.

- Request that the victim does not shower, change clothes, use the restroom, or consume fluids.
- Notify the highest-ranking supervisor on site.
- Secure the alleged perpetrator in a cell, where possible, in the event evidence collection is possible.
- File a CoreCivic Incident Report- Form 5-1c.
- Keep the information confidential.

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 (ordinarily, the victim should not be placed in segregation/restrictive housing)
- Preserve and protect the crime scene until steps can be taken to collect evidence.
- If the abuser 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)
- Ensure the alleged abuser does not take any of the above actions that could destroy physical evidence.
- Immediately notify your supervisor and medical and mental health practitioners

Confidentiality must be maintained, apart from reporting to designated supervisors or officials.”

The CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet was provided to the auditor, which carefully outlines the protocol for responding to allegations of sexual abuse, including a check off list that outlines each step that must be taken.

The facility reported that in the twelve months preceding the audit, there were 10 allegations of sexual abuse and of those 10 allegations, all 10 times the first security staff member separated the alleged victim from the abuser. It was reported that out

of the ten allegations, there were three allegations that allowed for the collection of physical evidence. Out of those three allegations, there was only one allegation that staff were able to collect evidence.

The auditor reviewed several completed CoreCivic Form 5-1A Incident Report and CoreCivic Form 14-2C Sexual Abuse Incident Check Sheets that were completed in response to allegations of sexual abuse.

A Sexual Abuse Response Team (SART) List was provided to the auditor, which explained the roles of the PCM, Medical Representative, Security Representative, Mental Health, and Victim Services Coordinator.

Inmates/ detainees who had reported sexual abuse told the auditor that the appropriate protocol was followed, including being taken to medical services.

115.64 (b) CoreCivic Policy 14-2 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 out of the reports of sexual abuse made in the past twelve months, there was one incident where the first responder was a non-security staff member. It was reported they appropriately handled evidence collection, as outlined by policy and first responder information.

The auditor interviewed a first responder who was not a security staff member. The responder responded to the incident in the way required.

The auditor interviewed several random staff that 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 and their first responder duties.

It was reported to the auditor that all staff have been provided with a card with their 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

	<p>types of allegations frequently.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.65 Coordinated response	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · Sexual Abuse Response Team (SART) List · CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet · First Responder Duties Card · PREA Overview Facilitator Guide · PREA Overview Participant Workbook · CoreCivic Form 5-1A Incident Report <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Staff Who Have Acted As a First Responder · Random Staff · Inmates/Detainees Who Have Reported Sexual Abuse <p>115.64 (a) CoreCivic Policy 14-2 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:</p>

Separate the alleged victim from the alleged abuser. When the alleged abuser is an inmate/detainee, 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;

Ensure that the alleged victim is taken to the facility's Health Services Department, and notify the highest supervisory authority on-site.”

CoreCivic Policy 14-2 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 Warden/Facility Administrator are immediately notified of the incident.

While in the Health Services Department, and 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 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.

If the abuse occurred within a time that allows for the collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate washing, showering, removing clothing without medical supervision, urinating, defecating, smoking drinking, eating, or brushing his/her teeth”.

The auditor interviewed several random staff who had been first responders and had not. The first responder questions were asked of all staff, not just the ones who had been first responders. All staff were able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties.

The PREA Overview Facilitator Guide and Participant Workbook was reviewed by the auditor and includes directions for first responders. A list of procedural responsibilities of the first responders, supervisor, and PCM was included. First Responders are

notified to:

- Request the safety of the victim by separating the victim from the alleged perpetrator.
- Request someone escort the victim to Medical for examination/treatment.
- Request that the victim does not shower, change clothes, use the restroom, or consume fluids.
- Notify the highest-ranking supervisor on site.
- Secure the alleged perpetrator in a cell, where possible, in the event evidence collection is possible.
- File a CoreCivic Incident Report- Form 5-1c.
- Keep the information confidential.

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 (ordinarily, the victim should not be placed in segregation/restrictive housing)
- Preserve and protect the crime scene until steps can be taken to collect evidence.
- If the abuser 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)
- Ensure the alleged abuser does not take any of the above actions that could destroy physical evidence.
- Immediately notify your supervisor and medical and mental health practitioners

Confidentiality must be maintained, apart from reporting to designated supervisors or officials.”

The CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet was provided to the

auditor, which carefully outlines the protocol for responding to allegations of sexual abuse, including a check off list that outlines each step that must be taken.

The facility reported that in the twelve months preceding the audit, there were 10 allegations of sexual abuse and of those 10 allegations, all 10 times the first security staff member separated the alleged victim from the abuser. It was reported that out of the ten allegations, there were three allegations that allowed for the collection of physical evidence. Out of those three allegations, there was only one allegation that staff were able to collect evidence.

The auditor reviewed several completed CoreCivic Form 5-1A Incident Report and CoreCivic Form 14-2C Sexual Abuse Incident Check Sheets that were completed in response to allegations of sexual abuse.

A Sexual Abuse Response Team (SART) List was provided to the auditor, which explained the roles of the PCM, Medical Representative, Security Representative, Mental Health, and Victim Services Coordinator.

Inmates/ detainees who had reported sexual abuse told the auditor that the appropriate protocol was followed, including being taken to medical services.

115.64 (b) CoreCivic Policy 14-2 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 out of the reports of sexual abuse made in the past twelve months, there was one incident where the first responder was a non-security staff member. It was reported they appropriately handled evidence collection, as outlined by policy and first responder information.

The auditor interviewed a first responder who was not a security staff member. The responder responded to the incident in the way required.

The auditor interviewed several random staff that were not security members in

	<p>various capacities. All staff were able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties.</p> <p>It was reported to the auditor that all staff have been provided with a card with their 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.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · Collective Bargaining Agreement Between CoreCivic and the International Union, Security, Police and Fire Professionals of America (SPFPA) and its Amalgamated Local 825, dated September 10-2023 – September 9, 2026 <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Agency Head <p>115.66 (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 inmates/detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”</p>

A Collective Bargaining Agreement Between CoreCivic and the International Union, Security, Police and Fire Professionals of America (SPFPA) and its Amalgamated Local 825, dated September 10-2023 - September 9, 2026, was provided to the auditor. It explains that "pursuant to PREA regulations standard 115.66, the Company will remove alleged staff abusers from contact with any inmate pending an investigation or determination of whether and to what extent discipline is warranted. In such cases, the Company will attempt to reassign the employee to a non-contact post. If reassignment is not possible, or in the option of the Company, precluded by the nature of circumstances of the allegation, the employee will be placed on administrative leave with pay pending the referenced investigation or determination."

115.66 (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 Collective Bargaining Agreement Between CoreCivic and the International Union, Security, Police, and Fire Professionals of America (SPFPA) and its Amalgamated Local 825, dated September 10-2023 - September 9, 2026, complies with this provision.

The Agency Head said that CoreCivic staff who are responsible for the development of collective bargaining agreements are aware of this requirement.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- MOU with Southern Arizona Center Against Sexual Assault (SACASA)
- Memo from the PREA Compliance Manager (PCM) re: 115.67
- CoreCivic Form 5-1A Incident Report
- CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet

Interviews Conducted:

- Agency Head
- Warden
- PREA Compliance Manager
- Designated Staff Member Charged with Monitoring for Retaliation
- Inmates/Detainees who Reported Sexual Abuse

115. 67 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates/detainees or staff.”

The facility utilizes the form 14-2D 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 comments were included in each completed 14-2D form that the auditor reviewed, which included key details about how the person was doing following the allegation.

The CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet also includes a section for ongoing PREA retaliation monitoring and explains the date this is assigned, and which staff is assigned to complete it. Completed forms were reviewed by the auditor, which indicated retaliation monitoring was appropriately assigned.

The auditor interviewed a staff member who is charged with retaliation monitoring at the facility. The staff was able to explain the process for doing so.

The Agency Head Designee and Warden both said retaliation concerns would be addressed.

The auditor spoke with inmates/detainees who had reported sexual abuse. One inmate/detainee did allege retaliation as a result of reporting an incident. The auditor conducted a file review to ensure the allegation was appropriately responded to and asked the PCM to follow up on the inmates' concerns.

115. 67 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "The facility shall employ multiple protection measures to monitor retaliation against inmates/detainees including but are not limited to, (a) housing changes or transfers for inmate/detainee victims or abusers, (b) removal of alleged staff or inmate/detainee abusers from contact with victims, (c) emotional support services for inmates/detainees 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 inmate/detainee 30-60-90-day monitoring is: Investigator."

A Memo from the PREA Compliance Manager (PCM) re: 115.67 was provided to the auditor. This memo stated that "the Security Threat Group department will be designated to do retaliation monitoring for inmates/residents and staff. This will include the STG Coordinator and STG Officer."

The auditor let the facility know there was a conflict with policy language and the memo provided. The facility was able to change the policy to ensure it identified the STG Coordinator as the staff who conducts retaliation monitoring.

In a review of the investigative files, protection measures were initiated to ensure the inmate/detainee safety against retaliation. There were multiple examples of staff being placed on a no-contact role, or detainees separated from one another.

115. 67 (c) CoreCivic Policy 14-2 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 inmates/detainees who reported sexual abuse and inmates/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60- 90) or contracting agency equivalent form.

Retaliation Monitoring for staff shall include but is not limited to, monitoring negative performance reviews, disciplinary reports, and reassignments.

Emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

At this facility, the position that will serve as the designated staff person conducting inmate/detainee 30-60-90-day monitoring is: Investigator.”

Ninety (90) day retaliation monitoring for staff and inmates/detainees on the 14-2D form or contracting agency equivalent form is not required for allegations of sexual harassment.

The facility shall consider on a case-by-case basis whether retaliation monitoring should be implemented for such allegations in order to protect staff or inmates/detainees.”.

The staff member who monitors retaliation explained this would be completed for both staff and detainee 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 inmates/detainees and takes place in 30-, 60- and 90-day increments.

The auditor noted that on some of the completed 14-2D PREA Retaliation Monitoring Report forms, the final retaliation monitoring was completed a few days prior to the 90 days the auditor let the facility know that the retaliation monitoring must last at least 90 days. Although the auditor believes the facility is substantially compliant

with the intent of this standard, the facility will adjust to ensure that if the 90 days fall on the weekend, they will wait until the weekend is complete to ensure it is at least 90 days.

115. 67 (d) CoreCivic Policy 14-2 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 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. 67 (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 Warden were familiar with this requirement and said this is taken seriously at CoreCivic and the facility.

115. 67 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The facility obligation to monitor retaliation for staff and inmates/detainees shall terminate if the facility determines that the allegation is unfounded”.

The staff member who monitors retaliation understood this requirement.

The auditor reviewed the investigative files of allegations in the past twelve months and monitoring was terminated when the allegation was determined to be unfounded.

Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Policy Change Notice <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Warden · Staff Who Supervise Inmates/Detainees in Segregation · Inmates/Detainees Who Have Alleged Sexual Abuse <p>115.68 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing the assessment”.</p> <p>Inmates/detainees placed in restrictive housing pursuant to section I.8. above shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) the reasons for such limitations.</p> <p>Restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a</p>

period of 30 days.

If involuntary restrictive housing is warranted as outlined above the documentation of such action shall clearly specify a basis for the facility's concern for the inmate/detainee's safety and the reason (s) why no alternative means of separation can be arranged.

Every 30 days, a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population.”.

The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Policy Change Notice states that subsection g. to section I.8. Housing and Program Assignments is changed to 8. Restrictive Housing, any use of restrictive housing to protect an inmate who is alleged to have been a victim of sexual abuse shall be subject to the requirements outlined above in section I.8.a.f.”

The auditor discussed this with the PCM and Warden and they were aware of the requirements in this provision.

The staff who supervised in segregated housing were not aware of any inmates/detainees who had been placed there for high risk of victimization or following a PREA allegation. The Warden was aware that detainees who were at high risk of victimization should not be placed in segregated housing.

The facility reports there were no inmates/detainees who were placed in involuntary restricted housing following an allegation of sexual abuse. During interviews and reviews of investigative files, the auditor saw no indication this had occurred.

Conclusion:

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

115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Policy Change Notice · MOU with the Town of Florence · Investigator Training Certificates · CoreCivic Form 5-1G Incident Investigation Report · Investigation Packets · 2023 PREA Investigations Log <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Investigators <p>115.71 (a) CoreCivic Policy 14-2 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.”</p> <p>The auditor interviewed all three investigators who were located at the facility. Each investigator understood that all investigations should be done promptly, thoroughly, and objectively, including third-party reports and anonymous reports.</p> <p>A log of all PREA allegations for 2023 was provided to the auditor. The auditor reviewed 16 out of the 30 PREA investigations that were conducted in the twelve months preceding the audit. The auditor was able to verify that any allegation that was reported by a third party was immediately investigated.</p> <p>Administrative investigations are all completed on CoreCivic Form 5-1G Incident Investigation Report. Facility investigators report that an administrative investigation</p>

is completed for every allegation of sexual abuse and sexual harassment, even when there is a criminal investigation. In some staff-related PREA investigations, a CoreCivic investigator from a different facility will conduct the investigation. Overall, most administrative investigations the auditor reviewed appeared prompt, thorough, and objective, however, the auditor did find some concerns. For example, in at least one incident, a thorough investigation was not completed because the investigator was able to substantiate the case without interviewing all witnesses. Investigations reviewed included third-party and anonymous reports. Since there were concerns noted in the investigations, the auditor reviewed investigations during the corrective action period to ensure thoroughness.

115.71 (b) CoreCivic Policy 14-2 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 115.34. The auditor was able to review training records for all three investigators, which showed they had received PREA: Investigating Sexual Abuse in Confinement Settings through NIC. Additionally, the facility utilizes investigators from other facilities for allegations against a staff member. The auditor reviewed the training records of these investigators and determined that they had also received the specialized training as required in 115.34, and this provision.

The auditor interviewed all three investigators at the facility who conducted sexual abuse and sexual harassment allegations. Although each had confirmed they had received specialized training, the training is a one-time requirement, therefore the investigators weren’t able to clearly discuss each topic the training covered.

The auditor met with the Director of Compliance and Investigations and the facility PREA Compliance Manager after the onsite audit to discuss concerns noted with investigations. The Director of Compliance and Investigations has provided ongoing, additional training relevant to completing PREA allegations. Although the auditor recognizes this additional training exceeds the requirement in this provision, it is recommended that investigators at this facility receive additional, refresher training on PREA investigation requirements. The investigators were retrained as recommended and proof documentation was submitted to the auditor.

115.71 (c) CoreCivic Policy 14-2 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 investigators that were interviewed were aware of this requirement and were knowledgeable in evidence collection and the process they would go through to complete a thorough investigation.

Most of the investigative reports the auditor reviewed appeared to include all requirements in this provision, however, it was noted that the investigators did not always document this in the investigative report. Specifically, some investigations did not explain that the investigator did not review prior complaints and reports of sexual abuse involving the suspected perpetrator. Although not specifically required to be documented in the investigative report, the auditor is unable to verify this has been completed in each investigation.

115.71 (d) CoreCivic Policy 14-2 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 auditor did not review any investigations that included compelled interviews, and all three investigators who were interviewed indicated they did not conduct compelled interviews. The auditor would recommend additional clarification with the investigators on this provision’s requirement, as there seemed to be some confusion in the interviews and the subsequent requirements to consult with prosecutors.

115.71 (e) CoreCivic Policy 14-2 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 inmate/detainee or staff. No agency shall require an inmate/detainee 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 investigators who were interviewed were aware of this requirement. When the

auditor reviewed the investigative reports all victims, suspects, and witnesses were assessed on an individual basis, and not determined by the person's status. There were no investigations reviewed by the auditor that included the use of a truth-telling device, however, the investigators were aware of the requirement not to require it as a condition for proceeding with an investigation of sexual abuse or sexual harassment.

115.71 (f) CoreCivic Policy 14-2 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 Incident Investigation Report via the IRD 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 investigators were able to describe these requirements during their interviews with the auditor.

The auditor reviewed 16 out of the 30 administrative sexual abuse and sexual harassment investigations that were completed in the twelve months preceding this audit. The auditor noted that the majority of the investigations documented these issues clearly.

115.71 (g) CoreCivic Policy 14-2 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".

The facility was unable to provide criminal investigations that were completed by the Town of Florence investigators because they reported those were not provided to them. Instead, they are made aware of the findings, and they conduct an administrative investigation in every incident, which includes a description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence when feasible. The MOU between the facility and the Town of Florence does state "Upon completion/closure of an investigation, the Investigating Agency will forward a copy of the closed investigation to CAFCC for retention as part of CAFCC's record-keeping requirements."

The auditor recommends formally requesting copies of completed criminal investigative reports that are completed on every criminal allegation that is done outside of the agency. These investigations may develop key evidence that was not brought forward during the administrative investigation.

115.71 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution".

The facility reported that there were 4 investigations that were completed by criminal investigators, however, none were referred to prosecution. The facility reports that would be completed by criminal investigators when warranted.

The auditor recommends the facility request copies of criminal investigations so it can document that substantiated allegations are referred for prosecution when warranted. Since the investigative entity is a local agency, the auditor cannot verify it is complying with applicable provisions, however, can verify that the MOU that has been agreed upon requires the Town of Florence investigators to comply with the PREA standards. As defined in a FAQ dated February 19, 2015, confirming compliance with these standards by external investigative entities during an audit is beyond the scope of the audit.

115.71 (i) CoreCivic Policy 14-2 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."

CoreCivic's retention schedule was provided to the auditor for review. It states "PREA

Investigative Files and written reports to be retained as long as the alleged abuser is incarcerated or employed plus 5 years”.

Investigators who were interviewed were aware of this requirement. The facility reports that the investigative reports are uploaded in an automated system and are not purged.

115.71 (j) CoreCivic Policy 14-2 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.”

Investigators were aware that the departure of the victim or abuser shall not provide a basis for terminating the investigation. The auditor was able to review investigations in which the victim or the abuser was no longer at the facility, yet the investigation continued with available evidence. In some cases, the facility investigators were able to reach out to other facilities and conduct interviews. In cases of employees who were formerly employed, the facility investigator was able to make contact with them and request an interview.

115.71 (k) CoreCivic Policy 14-2 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 investigative files or speaking with investigators that any state entity or Department of Justice component had conducted investigations at this facility.

115.71 (l) CoreCivic Policy 14-2 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 facility cooperates with the Florence investigators and remains informed of the progress of the investigation. The MOU with the Town of Florence explains each party’s responsibilities under the agreement.

	<p>Investigators who were interviewed said they had a good relationship with the Town of Florence investigators and frequently received updates from them.</p> <p>Corrective Action and Conclusion:</p> <p>The Agency was required to ensure that the facility investigators receive refresher training on conducting investigations of sexual abuse and sexual harassment. The auditor monitored investigations during the corrective action period to ensure they adhered to each provision in this standard.</p> <p>The auditor was provided with proof documentation of refresher training for investigators and reviewed all completed investigations during the corrective action period. All adhered to each provision of this standard.</p> <p>In conclusion of the corrective action period, the auditor determined the facility is in substantial compliance with every provision of this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · Investigation Packets <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Investigators <p>115.72 CoreCivic Policy 14-2 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”.</p>

	<p>The auditor interviewed three investigators, who explained that the preponderance of the evidence is used when determining the outcome of sexual abuse and sexual harassment allegations.</p> <p>The auditor reviewed 16 of the 30 sexual abuse and sexual harassment allegations in the twelve months preceding the audit, and it appeared the substantiated outcomes were all appropriate and based on the preponderance of the evidence. Three allegations were substantiated, and each was appropriately determined by the preponderance of the evidence.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Form 14-2E Inmate/Resident PREA Allegation Status Notification · MOU with the Town of Florence <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Investigators · Warden · Inmates/Detainees who Had Alleged Sexual Abuse <p>115.73 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states</p>

“Following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.”

The facility utilizes the form 14-2E Inmate PREA Allegations Status Notifications to document that the inmate/detainee is informed of the outcome of the investigation.

The auditor reviewed 14-2E Inmate PREA Allegations Status Notifications in investigative files reviewed. The investigative staff is the person responsible for notifying the inmate/detainee of the outcome of the investigation. The investigators described their responsibility under this provision during their interview.

The Warden was aware of the requirement to provide this information to the detainee at the conclusion of an investigation.

Four inmates/detainees who had alleged sexual abuse were interviewed by the auditor. They were able to verify they were told of the outcome of the investigation. Additionally, the inmate/detainee is asked to sign the form, confirming that they have received the required notification of the status of their allegation of sexual abuse. Completed forms are available in the investigative files and were provided to the auditor, who verified completion.

115.73 (b) CoreCivic Policy 14-2 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 inmate/detainee”.

The investigators said the City of Florence keeps the facility informed on the status of any criminal investigation.

The MOU with the Town of Florence states “CAFCC agrees to maintain responsibility for informing alleged sexual abuse victim(s) of the progress and outcome of the investigation, based upon updates submitted by the Investigating Agency.”

The auditor reviewed four criminal investigations, in which information was requested

so the victim could be notified.

115.73 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Following an inmate/detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee (unless the facility has determined that the allegation is unfounded) whenever:

- a. The employee is no longer posted within the inmate/detainee'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.”.

14-2E Inmate PREA Allegations Status Notifications have checkboxes that include this provision. The auditor reviewed forms that were completed that notified the inmates/detainees of things required in this provision. The investigator completed this update and was aware of the requirement during their interview. A copy of the form is also retained in the investigative file.

115.73 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Following an inmate/detainee's allegation that he/she has been sexually abused by another inmate/detainee, 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 Inmate PREA Allegations Status Notifications form has checkboxes that include this provision. The auditor reviewed forms that were completed that notified the inmates of things required in this provision. The investigator completed this

update and was aware of the requirement during their interview. A copy of the form is also retained in the investigative file, and the auditor was able to verify completion.

115.73 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “All inmate/detainee notifications or attempted notifications shall be documented on the 14-2E Inmate/Detainee Allegation Status Notification. The inmate/detainee shall sign the 14-2E form, verifying that such notification has been received. The signed 14-2E form shall be filed in the inmate/detainee's institutional file.”.

As previously explained, all notifications were reviewed and documented in the investigative file on form 14-2E Inmate PREA Allegations Status Notification form.

The investigators that were interviewed said that they understood they must document all notifications required by this standard.

115.73 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The facility obligation to notify the inmate/detainee as outlined in this section shall terminate if the inmate/detainee is released from CoreCivic custody”.

The investigator was aware of this requirement and the auditor was able to see that the facility had noted when a detainee was no longer in their custody. The PCM will request the notification to be made at the other facility.

Conclusion:

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

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 3-3 CoreCivic Code of Ethics
- CoreCivic Form 3-3C Code of Conduct Acknowledgment Form
- Notification to the Licensing Board
- Proof Documentation of Termination
- Staff PREA Investigations

Interviews Conducted:

- Human Resources
- PREA Compliance Manager

115.76 (a) CoreCivic Policy 14-2 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.”

CoreCivic Policy 3-3 CoreCivic Code of Ethics states “Any employee who violates the Code of Ethics is subject to corrective action ranging from warnings and reprimands up to an including termination of employment.”

CoreCivic Form 3-3C Code of Conduct Acknowledgment Form explains employees’ duty to report apparent or potential misconduct and to seek guidance when they have questions concerning compliance or ethics issues. The auditor was provided a form that was completed by a staff member who had substantiated sexual abuse against an inmate/detainee. It was noted that this form was completed in 2017, however, the incident was in 2023. It would be recommended that employees revisit this form more frequently and that the form directly discuss PREA allegations and prohibited behaviors under PREA standards.

The PAQ said staff will be subject to disciplinary sanction, including terminations, and in the twelve months preceding the audit, there were two substantiated allegations of sexual abuse and no substantiated allegations of sexual harassment involving a staff member.

The auditor reviewed 16 investigative files and found no other investigations that determined a staff violated sexual abuse or sexual harassment policies.

115.76 (b) CoreCivic Policy 14-2 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 two terminations for violating agency sexual abuse or sexual harassment policies. The auditor reviewed the investigative files and found both investigations that determined a staff violated sexual abuse or sexual harassment policies and resulted in a termination.

During the onsite audit, employees mentioned they could be terminated if they violated sexual abuse and sexual harassment policies.

115.76 (c) CoreCivic Policy 14-2 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 were no staff in the twelve months preceding the audit who have been disciplined for violation of agency sexual abuse or sexual harassment policies. The auditor verified by reviewing investigative reports that there were only two staff who had substantiated sexual abuse allegations, and both were subsequently terminated. There were no substantiated staff sexual harassment allegations.

Since there were no examples, the auditor was unable to verify that the disciplinary sanctions were commensurate with the provision with the exception of the two staff who were terminated, however, facility staff were aware of this requirement.

115.76 (d) CoreCivic Policy 14-2 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, but upon further discussion with the facility, there were two. Both substantiated sexual abuse allegations were referred to law enforcement.

The facility reported there was one staff who was referred to the relevant licensing body, following the employee’s termination from employment. The facility provided the auditor with proof of documentation of a complaint form to the Arizona State Board of Nursing.

Conclusion:

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

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: <ul style="list-style-type: none">· CoreCivic Policy 14-2 Sexual Abuse Prevention and Response· CoreCivic Policy 22-1 Volunteer Services and Management· PREA Investigations· PREA Investigations Log Interviews Conducted: <ul style="list-style-type: none">· Warden· Volunteers

Contractors

115.77 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmates/detainees 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 auditor reviewed the PREA Investigations Log and 16 completed investigations and was unable to see any allegations regarding a contractor or volunteer.

The Warden said that any contractor or volunteer who engaged in sexual abuse would be immediately prohibited from contact with detainees.

Interviews with Volunteers and Contractors verified that they understood that they understood the requirements in this standard and the repercussions, should they violate sexual abuse or sexual harassment policies.

115.77 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Any other violation of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmates/detainees and removal from the facility.”.

CoreCivic Policy 22-1 Volunteer Services and Management explains that romantic relationships with detainees are prohibited. It also states “Volunteers, regardless of Level, are expected to abide by CoreCivic and applicable contracting government agency(ies) policy, procedures, regulations, and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Roster. Relationships that are beyond or outside of the scope of the approved volunteer services being provided by the volunteer constitute grounds for immediate termination or removal from the Volunteer Roster. Termination and/or removal from volunteer services and the Volunteer Roster may result from any violation of 22-1C Volunteer Code of Ethics or 22-1D Volunteer Dress Code, and/or the facility’s published dress codes, and conduct restrictions at the discretion of the Warden/Administrator.”.

	<p>The Warden said he would take appropriate corrective action as needed. Interviews with volunteers and contractors 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.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.78 Disciplinary sanctions for inmates	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Policy 15-2 Disciplinary Procedures (Adult) · CoreCivic Policy 15-1 Offense and Penalty Code · PREA Investigations · PREA Investigations Log <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Random Staff · PREA Compliance Manager · Mental Health Staff <p>115.78 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate/detainee engaged in inmate/detainee-on inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee-on inmate/detainee sexual abuse.”.</p>

CoreCivic Policy 15-2 Disciplinary Procedures (Adult) was provided to the auditor, which explains the facility's disciplinary procedures regarding all disciplinary sanctions.

The facility reported there was no substantiated allegation of inmate/detainee-to-inmate/detainee sexual abuse to review during the twelve months preceding the audit. The auditor reviewed the PREA Investigations Log and only found one substantiated allegation of inmate/detainee-to-inmate/detainee sexual harassment (not abuse).

The facility wrote a disciplinary report for the inmate who was the perpetrator in the substantiated sexual harassment allegation, however, the Disciplinary Hearings Officer dismissed this disciplinary report because the report was not completed within 24 hours of the incident being observed and the violations reported. Upon discussion with the facility PREA Compliance Manager, this issue has been addressed and remedial measures taken to ensure that there is an immediate referral for discipline.

The auditor is satisfied by the corrective action that this issue has been appropriately addressed.

CoreCivic Policy 15-1 Offense and Penalty Code defines sexual misconduct as "includes, but not limited to, the following acts: a. taking part in sex (acts) where all parties agree to take part; b. exposing the genitals or buttocks to an employee or visitor; and/or c. masturbations where an employee, visitor or other inmate/detainee can see the act."

115.78 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history, and the sanctions imposed for comparable offenses by other inmates/detainees with similar histories."

CoreCivic Policy 15-2 Disciplinary Procedures (Adult) states "All alleged violations of CoreCivic rules are to be dealt with through established policies and procedures to verify that due process rights are afforded to the inmate/resident and that the penalty imposed will be fair, impartially give and appropriate for the offense."

CoreCivic Policy 15-1 Offense and Penalty Code states “For charges involving sexual misconduct, an inmate/detainee’s mental disabilities or mental illness shall be considered when determining what type of sanction, if any, should be imposed.”

115.78 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The disciplinary process shall consider whether an inmate/detainee's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.”.

CoreCivic Policy 15-2 Disciplinary Procedures (Adult) states that “when a disciplinary hearing officer is confronted with a prisoner who demonstrates symptoms of mental illness, the disciplinary officer consults with qualified mental health services professionals to provide input as to: the prisoner's competence to participate in the disciplinary hearing, responsibility for the charged behavior, information of known mitigating factors in regard to the behavior, and impact of applicable sanctions on the prisoners mental health treatment plan.”

The auditor spoke with two mental health staff at the facility, who were able to verify that an inmate’s mental health status is taken into consideration in any disciplinary process.

115.78 (d) CoreCivic Policy 14-2 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 medical and mental health staff said the facility does not offer sex offender treatment or other interventions designed to address and correct underlying reasons or motivations for the abuse, therefore no such interventions were required as a condition of access to programming or other benefits.

115.78 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “An inmate/detainee 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 inmates were disciplined

when an employee consented to sexual conduct.

Several staff at the facility verified an understanding that consent with an inmate/detainee is not appropriate due to the power differential that exists.

115.78 (f) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees 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.”.

Examples were provided to the auditor of inmates/detainees filing false PREA claims. The facility said there were no instances when an inmate/detainee was disciplined for filing a false PREA allegation.

115.78 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Sexual activity between inmates/detainees is prohibited in all CoreCivic facilities, and inmates/detainees may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.”.

The auditor verified through discussion with staff that consensual sexual activity between inmates/detainees 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.

115.81	Medical and mental health screenings; history of sexual abuse
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 13-79 Sexual Assault Response
- CoreCivic Form 14-2B Assessment Questionnaire Information
- CoreCivic Form 13-61A Comp Mental Health Evaluation
- Intake Referrals with Mental Health Follow-up
- 13-34A2-USMS Facility Emergency Anatomical Form – USM
- Medical Progress Notes
- Mental Health Progress Notes
- 13-49B Refusal to Accept Medical Treatment
- Community Release FU Form
- Informed Consent Forms

Interviews Conducted:

- Mental Health Staff
- Detainees Who Reported Sexual Abuse During A Risk Screening

115.81 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioner or other qualified professional within 14 days of the intake screening. Inmates/detainees at risk for sexual victimization will be identified, monitored, and counseled.”

The PREA risk screening asks inmates/detainees if they have been sexually victimized. If a detainee answered yes, an email was sent to mental health staff to schedule a follow-up meeting.

The PAQ provided the auditor with several examples of CoreCivic Form 14-2B Assessment Questionnaire Information, in which inmates/detainees had answered “yes” to prior victimization. The Questionnaire is then stamped “ mental health

referral” and an appointment is scheduled. The auditor was able to see that a CoreCivic Form 13-61A Comp Mental Health Evaluation was completed within fourteen days, but usually within a few days of the Assessment.

The auditor was provided several other completed examples of forms, including 13-34A2-USMS Facility Emergency Anatomical Form – USM, Medical Progress Notes, Mental Health Progress Notes, 13-49B Refusal to Accept Medical Treatment, and Community Release FU Form. These forms are completed by medical and/or mental health following a PREA follow-up meeting.

The auditor requested a full list of inmates/detainees who have answered “yes” to being sexually abused and requested randomly selected files for review. Each selected file showed the inmate/detainee was able to see mental health within 14 days when requested.

The auditor interviewed mental health staff who understood this requirement.

The auditor interviewed three Inmates/detainees who reported sexual abuse during a risk screening and said they were offered a mental health assessment.

115.81 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees, excluding jail inmates/detainees, identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a mental health practitioner or other qualified professional within 14 days of the intake screening.”.

The PREA risk screening asks inmates/detainees if they have been sexually abusive. If an inmate/detainee answers yes, an email is sent to mental health staff to schedule a follow-up meeting.

The auditor requested a list of inmates/detainees who had been sexually abusive and requested to see mental health. The auditor randomly selected files for review, which verified the inmate/detainee was able to receive a mental health evaluation within the 14-day timeframe.

Mental health staff knew about this requirement during the PREA audit interview.

115.81 (c) This facility is a prison; therefore this provision is not applicable.

115.81 (d) 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 facility reported that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health staff, however, it would be strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Medical and mental health staff who were interviewed were aware that all information related to sexual victimization or abusiveness that occurred in an institutional setting should be strictly limited to the need-to-know staff. All records regarding an allegation of sexual abuse and sexual harassment are kept confidential at the facility and only shared to inform treatment plans, security decisions, etc.

115.81 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Medical and mental health practitioners shall obtain informed consent from inmates/detainees before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate/detainee is under the age of 18.”.

Medical and mental health staff said they obtained informed consent before reporting information about sexual victimization that did not occur in an institutional setting unless the detainee was under the age of 18.

The auditor reviewed the informed consent forms that were completed.

Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Policy 13-79 Sexual Assault Response · CoreCivic Form 5-1A Incident Report · Facility Emergency Flow Sheet · Rape/Sexual Assault Protocol · Consent to Operation, Diagnostic, or Special Treatment Procedure · Pinal County Aftercare Instructions: Medical Forensic Examination · Mental Health Note v11 · CoreCivic Form 14-2C Sexual Abuse Incident Check Sheet <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Medical Staff · Mental Health Staff · Detainees Who Reported Sexual Abuse <p>115.82 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider if medically indicated, or, for collection of evidence if requested by law enforcement for a potential criminal investigation”.</p> <p>CoreCivic Policy 14-2 Sexual Abuse Prevention and Response also states “Upon receiving notice of an alleged rape, sexual assault, and/or sexual abuse, a QHCP will</p>

evaluate the inmate/detainee utilizing the 13-79 Rape Sexual Assault Protocol and assess evidence of physical trauma. If physical trauma is evident, the inmate/detainee patient will be transported to the local designated emergency room for medical treatment. The findings of care of the patient will be documented on the 13-34A1 Facility Emergency Flow Sheet and the 13-34A2 Facility Emergency Anatomical Form.”.

Medical and mental health staff knew that detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of that is determined by their professional judgment.

The auditor reviewed medical and mental health records following an allegation of sexual abuse. Medical and mental health care were offered immediately following the allegation and care and treatment were provided in accordance with this standard.

Detainees who reported sexual abuse said they were immediately offered medical and mental health evaluations and treatment.

First responders said detainees were evaluated by health services immediately after the incident occurred. The 5-1A Incident Reports document the medical evaluation that is completed.

115.82 (b) The first responder protocol is to immediately escort the detainee to the medical area for an evaluation. Medical and first responders said this was part of the initial response following an allegation of sexual abuse. If no qualified medical or mental health practitioners are on duty, first responders take preliminary steps to protect the victim and make notifications to the appropriate medical and mental health practitioners.

The Rape/Sexual Assault protocol documents the steps taken following an allegation of sexual abuse, and medical and mental health staff are always available for a response if needed.

The auditor reviewed medical and mental health records following an allegation of sexual abuse. Medical and mental health care were offered immediately following the allegation and care and treatment were provided in accordance with this standard.

115.82 (c) CoreCivic Policy 13-79 Sexual Assault Response states “Inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxes, in accordance with professionally accepted standards of care where medically appropriate.

Medical and mental health staff said that victims of sexual abuse would be offered timely access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate.

The auditor reviewed several documents related to SANE examinations that had taken place, which were completed at the hospital. The auditor reviewed a Pinal County Aftercare Instructions sheet, which indicated that the inmate/detainee was offered testing for sexually transmitted infections, emergency contraception, and sexually transmitted infection prophylaxes at the hospital, with aftercare instructions discussing follow-up treatment and testing.

Medical treatment forms related to each SANE within the twelve months preceding the audit were provided to the auditor upon request.

The Prescription Recommendations Post Sexual Assault sheet provided gave recommendations for follow-up medication.

115.82 (d)

CoreCivic Policy 13-79 Sexual Assault 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.”

Medical and mental health staff verified that detainees would not pay for the care related to the allegation of sexual abuse.

There was no indication by inmates/detainees who had reported sexual abuse, or by

	<p>reviewing the investigative records that detainees were charged for their care.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 13-79 Sexual Assault Response · Mental Health Records <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Medical Staff · Mental Health Staff · Detainees Who Reported Sexual Abuse <p>115.83 (a) CoreCivic Policy 13-79 Sexual Assault Response states “The facility shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates/detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.”.</p> <p>Medical and mental health staff were able to describe ongoing medical and mental health care that would be available, as appropriate. A log of initial and follow-up mental health services for victims and predators was provided to the auditor.</p> <p>115.83 (b) CoreCivic Policy 13-79 Sexual Assault Response “The evaluation and</p>

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.”.

Medical and mental health staff describe the evaluation and ongoing treatment when appropriate that would be provided to a victim of sexual abuse.

Follow-up services and treatment plans were provided to the auditor.

115.83 (c) CoreCivic Policy 13-79 Sexual Assault Response “The facility shall provide such victims with medical and mental health services consistent with the community level of care.”.

Medical and mental health staff said the care provided to victims is consistent with the community level of care.

The auditor reviewed several medical records, which indicated the community level of care.

115.83 (d) CoreCivic Policy 13-79 Sexual Assault Response “Inmate/detainee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.”.

Medical staff knew of this requirement and would be offered a pregnancy test. It was noted on medical response forms reviewed as part of this audit, including documentation of SANEs, there was information available to the inmate/detainee that offers pregnancy testing.

115.83 (e) CoreCivic Policy 13-79 Sexual Assault Response states “In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee will be provided information regarding lawful pregnancy-related services in a timely manner.”.

Medical staff knew of this requirement and would offer if able to get pregnant. It was noted on medical response forms reviewed as part of this audit, including

documentation of SANEs, there was information available to the inmate/detainee that offers pregnancy testing, along with information on lawful pregnancy-related services.

115.83 (f) CoreCivic Policy 13-79 Sexual Assault Response states “Inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.”.

Medical and mental health staff understood the necessity to check for sexually transmitted infections when medically appropriate. In reviewing several medical response documents, appropriate testing for sexually transmitted infections was offered.

115.83 (g) 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.

Medical and mental health staff verified that detainees would not pay for the care related to the allegation of sexual abuse.

There was no indication by detainees who had reported sexual abuse, or by reviewing the investigative records that detainees were charged for their care.

Inmates who had reported sexual abuse were interviewed and did not indicate they had been charged for any medical treatment related to the sexual assault.

115.83 (h) Mental health staff said a mental health evaluation would be completed of all known inmate/detainee-to-inmate/detainee abusers within 60 days of learning of such abuse history and would offer treatment when deemed appropriate.

A mental health evaluation and treatment plan was provided for the auditor’s review which verified completion of the evaluation within the 60-day requirement.

	<p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic Policy 14-2(02) Sexual Abuse Prevention and Response Change Notice · CoreCivic Form 14-2F Sexual Abuse or Assault Incident Review Report · Completed Incident Reviews <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Warden · PREA Compliance Manager · Incident Review Team Members <p>115.86 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded.”.</p> <p>The warden understood a post-conclusion incident review needed to be completed for every unsubstantiated and substantiated allegation of sexual abuse.</p> <p>Three members of the incident review team were interviewed and verified it would be completed.</p>

The facility documents the Incident Reviews on form 14-2F Sexual Abuse Incident Reviews. The auditor reviewed the incident reviews for all allegations of sexual abuse.

115.86 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "Sexual Abuse Incident reviews review shall occur within 30 days of the conclusion of the investigation."

The auditor reviewed all incident reviews, and some reviews did not have completion dates on them, but the ones that did were all completed within the 30-day timeframe.

The auditor discussed the form with the facility's PREA Compliance Manager and Director of PREA Investigations and Compliance. The incorrect form was used in some instances, so they will ensure the correct form is used moving forward and provide directions that a date be included. The auditor will monitor compliance during the corrective action period.

115.86 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "In addition to the Warden/Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners."

The auditor verified each incident review included upper-level management officials, with input from line supervisors, investigators, and medical and mental health practitioners.

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

Form 14-2F 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 which should or could have alerted staff that the incident may 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 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 has a disability (including a mental illness) or is limited English-proficient, were appropriate steps taken to ensure the inmate/detainee's access to all aspect 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 detainees against retaliation for reporting or complaining about the incident, or participating in the investigation?

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

The auditor reviewed the incident review reports and noted that some corrective actions that were recommended did not note if they were implemented, or the reason for not doing so. The auditor will monitor compliance with this provision during the corrective action period.

Form 14-2F 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 on the Incident Review Team who were interviewed understood that if the recommendations were not implemented, they must document the reasons for not doing so.

Corrective Action:

Although the Incident Reviews had been completed, the facility entered into corrective action to ensure that a date of the review is noted so it is clear that it is completed within 30 days, ensure that if there is a yes/no answer, that indicates a further response that it is done, ensure if a section requires a comment, that is completed, ensure that all corrective action recommendations are documented and that the correct form is used. The auditor monitored compliance during the corrective action period. Every Incident Review was reviewed by the auditor and complied with every provision of this standard.

In conclusion of the corrective action period, the auditor determined the facility is in substantial compliance with every provision of this standard.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Form 1-15B Record Retention Schedule for Central Arizona Florence Correctional Complex
- CoreCivic Form 5-1BB PREA 5-1 IRD Incident Reporting Definitions
- Survey of Sexual Victimization - 2018
- CoreCivic 2022 PREA Annual Report
- Agency Website at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

Interviews Conducted:

- Agency Head
- PREA Coordinator

115.87 (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 Incident Reporting and 5-1BB.”.

The PREA 5-1 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 that every time a PREA allegation is entered into the system, he is copied on an email alert. This allows him and others who receive the email to ensure the case is appropriately coded and entered. Additionally, he attends a monthly meeting with department heads to review data collected and compare it with data from previous years to ensure there are no trends developing that need to be addressed.

115.87 (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 data collected is minimally enough to answer necessary questions for the SSV, however, the facility reports it has not been selected to provide an SSV for several years. The SSV from 2018 was provided as documentation. The facility reports an SSV has not been requested for completion since this date.

The agency aggregates incident-based data annually in the CoreCivic Annual Report. The CoreCivic Annual Report for 2022 was provided as proof documentation, however, all previous year’s 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 he ensures data is appropriately collected and aggregated annually, through the annual report, and SSV if requested.

115.87 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “CoreCivic shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”.

	<p>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.</p> <p>115.87 (e) CoreCivic is a private facility, however, it is a contracted entity and does not contract for confinement with others to house its detainees.</p> <p>115.87 (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.”.</p> <p>The PREA Coordinator said the SSV is submitted by the due date each calendar year when requested. The auditor reviewed the SSV from 2018 and it was completed by the due date requested by the Department of Justice. The facility reports there have been no other SSV requested from the facility since 2018.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic 2020, 2021 and 2022 PREA Annual Reports · Agency Website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea

Interviews Conducted:

- Agency Head
- PREA Coordinator

115.88 (a) CoreCivic Policy 14-2 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 completed annually in June by the PREA Coordinator.

115.88 (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 2020, 2021, and 2022), what facilities received national PREA audits for that year, annual corrective actions identified and taken,

For 2022 the Annual Report states there were policy updates, increased investigator

training, PREA training, camera installation and upgrades, a month in November designated to PREA, and implementation of the online audit system.

The 2022 Annual Report states “CoreCivic uses an Incident Report Database to record and track all PREA Incidents from the initial report made at the facility level through the investigative and review process. Data is gathered consistent with the definitions found in the United States Department of Justice PREA Standards and the Department of Homeland Security Standards for ICE facilities. This data is also used to respond to the Annual Department of Justice Survey of Sexual Victimization that is forwarded to select facilities.

Tables have been provided in this report that contain combined aggregated 2022 data for facilities under both DOJ Prison/Jail Standards and DHS Standards. In addition, tables are provided with data for CoreCivic Community Corrections facilities under DOJ Standards for Community Confinement Facilities. The tables containing the data for Department of Justice Prisons and Jails have notations indicating whether a facility also housed detainees through agreements with Immigration and Customs Enforcement. Facilities housing exclusively ICE detainees fall under the Department of Homeland Security (DHS) Sexual Abuse and Assault Prevention Standards issued in 2014. DHS Standards differ from DOJ Standards in that DHS Standards do not have a separate definition for Sexual Harassment and include acts that would be defined as Sexual Harassment within the definitions of what the DOJ considers Sexual Abuse.”

The PREA Coordinator explained this was completed by reviewing the data that had been provided in the incident tracking database.

115.88 (c) CoreCivic Policy 14-2 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 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.”.

	<p>There were no specific materials disclosed in the report that would present security concerns.</p> <p>The PREA Coordinator said that there would be no such data posted without redaction.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · CoreCivic Policy 14-2 Sexual Abuse Prevention and Response · CoreCivic 2020, 2021 and 2022 PREA Annual Reports · Agency Website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Agency Head · PREA Coordinator <p>115.89 (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, inmate/detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records.”.</p>

The PREA Coordinator said the PREA tracking database is securely retained by limiting the PREA tracking database to limited staff. Hard-copy files are locked and secured.

115.89 (b) CoreCivic Policy 14-2 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.

115.89 (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.

115.89 (d) CoreCivic Policy 14-2 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 onsite 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 onsite 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.

	<p>115.401 (k) The auditor interviewed a representative sample of inmates/detainees, staff, supervisors, and administrators. The auditor followed all guidelines for interviews in the auditor handbook.</p> <p>115.401 (l) The auditor reviewed videotapes (such as the PREA video) and electronic data such as the watch tour records.</p> <p>115.401 (m) The auditor conducted private interviews with inmates, residents, and detainees.</p> <p>115.401 (n) Notice of the audit was posted at the facility six weeks prior to the onsite and detainees were permitted to send confidential information or correspondence to the auditor.</p> <p>115.401 (o) The auditor attempted to communicate with the community-based advocacy organization and Just Detention International.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	CoreCivic posts all audit reports on its website at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea .

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

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

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

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

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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates 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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

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

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

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

115.73 (b) Reporting to inmates		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

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

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

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

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

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

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

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

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