

PREA Facility Audit Report: Final

Name of Facility: James River Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/17/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Bryan Pearson

Date of Signature: 10/17/2025

AUDITOR INFORMATION

Auditor name: Pearson, Bryan

Email: bryan@pearsongroupllc.com

Start Date of On-Site Audit: 09/09/2025

End Date of On-Site Audit: 09/10/2025

FACILITY INFORMATION

Facility name: James River Residential Reentry Center

Facility physical address: 7718 Warwick Boulevard , Newport News , Virginia - 23607

Facility mailing address:

Primary Contact

Name:	LAKYVIA DEJANETTE
Email Address:	Lakyvia.Dejanette@corecivic.com
Telephone Number:	804.413.4838

Facility Director	
Name:	Sheilita Camp
Email Address:	Sheilita.Camp@corecivic.com
Telephone Number:	804.426.4930

Facility PREA Compliance Manager	
Name:	Tara Wilson
Email Address:	tara.wilson@corecivic.com
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Name:	Darden La'Kyvia
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Facility Characteristics	
Designed facility capacity:	84

Current population of facility:	75
Average daily population for the past 12 months:	75
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	24 - 60
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the facility who may have contact with residents:	26
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

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

Mailing Address:	
Telephone number:	615-263-3000

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

Agency-Wide PREA Coordinator Information			
Name:	Jillian Shane	Email Address:	jillian.shane@corecivic.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
1	115.215 - Limits to cross-gender viewing and searches
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-09
2. End date of the onsite portion of the audit:	2025-09-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Center for Sexual Assault Survivors was called to verify the MOU and to interview a victim advocate.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	84
15. Average daily population for the past 12 months:	75
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	76
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	James River RRC is a residential facility that does not have a segregation unit.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	28
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☐ Gender ☒ Other ☐ None
If "Other," describe:	James River RRC is a work release program. Most of the population are going to work during the week. The auditor did not want to hold residents in from work by randomly selecting them from a list. The residents interviewed were selected from the residents that were onsite at the time interviews were conducted.

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Geographical diversity is based on where residents are from and does not contribute to a random sample, therefore it was not used to select residents.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.

49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.

54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The PCM said the facility did not have residents for any of the targeted categories. This is in part due to the small population resulting in a lower probability of having residents that fit a targeted category. None of the sixteen residents interviewed provided answers that would cause them to be counted as a targeted interview.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:

12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- ☐ Length of tenure in the facility
- ☒ Shift assignment
- ☐ Work assignment
- ☐ Rank (or equivalent)
- ☒ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

If "Other," describe:

All security staff were interviewed from each shift that were at the facility during the onsite audit. All available non-security staff that had not been interviewed as a specialized interview were selected for interview to make twelve staff interviewed. With only twenty-eight staff, nearly all of the staff participated in either a specialized interview or random interview.

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- ☒ Yes
- ☐ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

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

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☒ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No

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

A staff list was requested prior to the onsite audit. staff were randomly selected for HR and training document review. The facility provided documentation for nearly all of the staff. Many of the staff were hired in the last year. None of the staff had worked at JRRRC for more than 3 years. A list of residents received in the last 12 months was requested. Residents were randomly selected from the list for review of risk assessments and PREA education completion documents prior to the onsite audit.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	1	0	0
Total	1	1	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There was one allegation of sexual abuse that was an ongoing investigation and could not be reviewed.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility reported no allegations of sexual harassment during the review period.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC Sexual Abuse Prevention and Response in Community Corrections page 4, section A states “CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct as defined in this policy is prohibited. This includes resident-on resident sexual abuse or sexual harassment, and employee-on-resident sexual abuse or harassment.” The policy provides the agency and facility approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policy provides definitions for sexual abuse and sexual harassment that are based on the definitions in the PREA standards. The policy reflects the requirements of this provision of the standard. b) CoreCivic policy 14-2 CC requires the agency to have a PREA Coordinator and each community corrections facility to have a PREA Compliance Manager. The CoreCivic organization chart was provided and shows the PREA Coordinator in an executive level position as a Senior Director that reports to a Vice President of

	Core Services. PREA Coordinator Interview – The PREA Coordinator said she has the time and authority to manage CoreCivic’s efforts to follow the PREA standards. She reviews policies, conducts compliance field audits, provides training to facility PREA Compliance Managers and Investigators when needed, tracks PREA data to keep the CoreCivic executive team and contractors informed of CoreCivic’s PREA compliance status. Document Review – The facility provided an organization chart for James River RRC. The PREA Compliance Manager is an Assistant Facility Director that is a direct report to the Facility Director. PREA Compliance Manager Interview – The PREA Compliance Manager said she has the time and authority to monitor PREA compliance at JRRRC. She said the facility has a SART that assists her in response to and prevention of sexual abuse and sexual harassment. She has other responsibilities at JRRRC and PREA compliance is given a high priority. Based on the information from policies reviewed and interviews, the facility was found to meet the provisions of the standard.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	CoreCivic has been contracted for the confinement of residents at James River Residential Reentry Center by the Federal Bureau of Prisons. CoreCivic is not a public agency that contracts with other entities for confinement, therefore this standard is not applicable to the James River Residential Reentry Center.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC requires the facility to develop an annual staffing plan that provides adequate levels of staffing to protect residents against sexual abuse. The plan considers video monitoring placement. The plan considers the physical layout, composition of resident population, allegations of sexual abuse and sexual harassment, and other relevant factors. The policy reflects the requirements of this provision of the standard.

Document Review – The facility provided an Annual Staffing Plan Assessment that documented a review of the staffing and video monitoring based on the population, physical plant, and prevalence of substantiated and unsubstantiated incidents of sexual abuse and sexual harassment. A review was provided for three consecutive years for 2023, 2024 and 2025. The PREA Coordinator reviewed and signed all three.

Director Interview – The Director said the staffing plan and video technology is reviewed annually based on the requirements of the standard. She reviews vacancies weekly with HR and the PCM. Overtime is used to cover staff absences or shortages due to vacancies to staff for a minimum of two monitoring staff per shift. The staffing plan is established by the contract with the BOP. The facility does not drop below the staffing minimum for a shift. The review is documented on a form 14-2 I CC and sent to CoreCivic field services center. The director said there were no deviations from the staffing plan documented in the last year. A deviation would be documented on the daily shift reports. She would be called if the shift minimum could not be met and monitors the reports for deviations as well.

PREA Compliance Manager Interview – The PCM said she works with the Director and HR staff to review the facility staffing plan. The review is documented on the Annual Staffing Plan Assessment form and sent to the CoreCivic PREA Coordinator. The review covers staff coverage, deviations, and determines if any changes are needed to the camera system.

PREA Coordinator Interview – The PREA Coordinator said all CoreCivic facilities are required to conduct an annual staffing plan assessment. The assessment covers staff monitoring, video monitoring, prevalence of incidents and recommendations for changes made by the facility. An Annual Staffing Plan Assessment form is completed to document the review and sent to her for review and recommendations for adjustments.

Tour Observations – There were two security staff on the shift during the tour. The Security Schedule was provided for the week. A minimum of two and up to three security staff were scheduled on any shift. The Facility operates on two 12-hour shifts for security staff. Staff were observed conducting rounds during the tour. All security staff interviewed said they are required to conduct security rounds every hour in addition to counts. The dining room was off the main entrance and in open view of the control room. The dining room is used for food service, and visits. The food service area was covered by cameras, but residents do not work in this area. The facility employs 30 staff that includes twelve security staff and a population of 76 residents. Residents were asked during interviews if they saw staff making security rounds. All said they see staff frequently making rounds. Staff monitoring of residents appears to be appropriate based on the facility physical plant, low prevalence of incidents and feedback from residents during interviews.

b) CoreCivic policy 14-2 CC states “The facility shall make its best effort to comply, on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. If a position identified on the Staffing Plan is

	vacated for a shift, the Operations Supervisor shall notify the facility PREA Compliance Manager of the deviation. The PREA Compliance Manager shall document and describe the deviation along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation.” The policy reflects the requirements of this provision of the standard. c) CoreCivic policy 14-2 CC requires the facility to conduct an annual review of the staffing plan. The review will consider prevailing staffing patterns, the facility deployment of video monitoring systems/ other monitoring technologies, and the resources the facility has available to commit to ensure adequate staffing levels. The policy reflects the requirements of this provision of the standard. Based on the information from interviews, tour observations, policies and documents reviewed, the facility was found to meet the provisions of the standard.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion a) CoreCivic policy 14-2 CC states “Strip searches of any resident may be conducted only if authorized by partner agency policy. Cross-gender resident strip searches (male staff on female residents or, female staff on male residents) shall not be conducted except in exigent circumstances.” The policy reflects the requirements of this provision of the standard. Staff Interviews - Security staff said strip searches are not conducted at James River RRC. Security Staff stated during interviews that they are not allowed to conduct cross gender pat searches of residents. Female Staff said if a male security staff is not available, they use the metal detector wand to do a search. Resident Interviews - Residents all said they are not strip searched and none reported being pat searched by female staff. Two residents said female staff used the metal detector wand to search them when there was no male staff available to search them. c) CoreCivic policy 14-2 CC requires cross gender strip searches to be documented in a log and an incident report with the details of the exigent circumstances included in log entries and incident reports. The policy reflects the requirements of this provision of the standard. Based on information from both staff and resident interviews, JRRRC does not conduct strip searches. d) CoreCivic policy 14-2 CC states “Residents may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender

viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine living quarter checks.” The policy requires staff of the opposite gender to announce their presence when entering a housing unit. If a housing unit is divided into smaller units or pods, staff must announce prior to entering the smaller unit. The policy also requires the rules for changing clothes in designated locations to be posted. If cameras have a view of these locations, either same gender staff may view them or the view may be blurred to allow for all staff to view the camera.” The policy reflects the requirements of this provision of the standard. The JRRRC Resident Handbook page 27 provides residents with the rule for changing in the bathroom.

Tour Observations – There were ten resident dorms. There was no video monitoring inside the dorms. Each dorm had a sign on the door reminding staff that opposite gender staff must make an announcement prior to entering. Resident toilets and showers were in bathrooms separate from the dorms with entrance doors in the hallway. All bathroom doors had a sign to remind opposite gender staff to knock and announce prior to entering. There were three bathrooms with multiple sinks, showers and toilets. One bathroom was single occupancy and had one shower and toilet. All showers were single use stalls and had a curtain that blocked the view from the shoulders to below the knees. Opposite gender staff announcements prior to entering dorms or bathrooms were observed during the tour.

Resident Interviews – all residents said they had privacy to use the toilets and the showers without staff of the opposite gender seeing them in a state of undress. All residents say they hear opposite gender staff make announcements every time they enter the dorms. Opposite gender staff knock and announce prior to entering a bathroom. All residents said they have to change in the bathrooms.

e) CoreCivic policy 14-2 CC states “The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” The policy reflects the requirements of this provision of the standard.

The facility had no transgender residents at the time of the onsite audit. The Director provided a memorandum stating there were no transgender residents housed at the facility during the review period. This was also stated during the Director and PCM interview. A transgender resident would not be strip searched as no residents are strip searched at James River RRC.

f) CoreCivic policy 14-2 CC states “In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.” The policy reflects the requirements of this provision of the standard.

	Staff Interviews – All security staff said they received training in cross gender and transgender pat searches during search training and the annual PREA training. None reported conducting a cross gender pat search. All said transgender residents can choose the gender of the staff that pat search them. This auditor finds the facility exceeds the requirements of the standard. The residents felt very comfortable with the ability to use the showers and toilets without staff viewing them in a state of undress. The residents also felt safe with the amount of privacy provided in conjunction with the staff monitoring frequency. All residents said the opposite gender staff were very consistent in making the required announcements. Pat Searches were always conducted by the same gender staff and there were no complaints of searches being too intrusive. Based on the information from tour observations, interviews, policies and documents reviewed, the facility was found to exceed the provisions of the standard.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) CoreCivic policy 14-2 CC page 11 states “The facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to sexual abuse and sexual harassment. Residents who are deaf or hard of hearing shall have access to information through simple written communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to residents with limited reading skills, residents who are blind or have low vision, and those who may have difficulty understanding provided information due to intellectual deficiencies, mental health concerns, or speech disabilities.” The policy reflects the requirements of this provision of the standard. Agency Head – The Vice President of Core Services said CoreCivic central office assists facilities with contracts for interpretive services and sign language services. Most use a contract with Voyce or get a contract with a local organization. TTY phones are available at all facilities. Document Review – a contract for interpreting services with Voyce was provided for review. The contract covered remote language interpreting services by video, audio or telephone. The contract was in effect at the time of the audit until 2027.

	Instructions for staff to access the service with a PIN# was provided. Tour observations – PREA reporting posters were observed in Spanish posted in all dorms and program areas for residents to reference. Language interpretation posters were also observed posted in administrative areas. Staff Interviews - Staff were aware there was a telephonic interpretive service to assist with communicating with deaf or limited English proficient residents. The staff that provide PREA education to residents said they had an interpretive service they could use for LEP residents. There were no residents that were limited English proficient at the time of the audit. b) CoreCivic policy 14-2 CC page 11 states “The facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.” The policy reflects the requirements of this provision of the standard. c) CoreCivic policy 14-2 CC page 11 states “The facility will not rely on residents to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.” The policy reflects the requirements of this provision of the standard. Staff Interviews - Staff said they would not use another resident as an interpreter if a LEP resident needed assistance with reporting sexual abuse because that is confidential. They would contact a supervisor to access a telephone interpretive service. Staff said they did not have to use this service as there have been no LEP residents at JRRRC. None of the residents selected for interview were found to be limited English proficient. Based on the information from tour observations, interviews, policies and documents reviewed, it was determined the facility meets the provisions of the standard.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC page 4 requires the facility to decline to hire or promote any person that has engaged in sexual abuse in a correctional facility; 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 been civilly or administratively adjudicated to have engaged in the activity as outlined above. The policy reflects the requirements of this provision of the standard.

b) CoreCivic policy 14-2 CC page 4 states “Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with residents.” The policy reflects the requirements of this provision of the standard.

HR Staff Interview - The HR staff interviewed said CoreCivic has applicants complete a Self Declaration of Sexual Abuse/Sexual Harassment form during the pre-hire process. The form asks the applicant if a substantiated allegation of sexual harassment has ever been made against them. This is also asked of prior institutional employers during the employment background check.

Document Review - The facility reported on the PAQ that JRRRC has twenty-six staff currently and hired thirty-one staff in the last 12 months. A list of staff was requested. The list provided documented thirty staff. Ten were randomly selected for document review, however the facility provided a Self Declaration of Sexual Abuse/ Sexual Harassment form on the PAQ for review for all thirty staff on the list. All forms asked applicants if a substantiated allegation of sexual harassment has ever been made against them. All forms were completed prior to hire or promotion.

c-d) CoreCivic policy 14-2 CC page 5 states “Before hiring new employees or enlisting the service of any contractor who may have contact with residents, CoreCivic shall ensure that a criminal history record check has been conducted. 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 policy reflects the requirements of this provision of the standard.

Document Review - The facility reported on the PAQ that JRRRC has twenty-six staff currently and hired thirty-one staff in the last 12 months. A list of staff was requested. The list provided documented thirty staff. Ten were randomly selected for document review, however the facility provided a criminal background check for all thirty staff on the list. All criminal background checks were completed prior to the hire date and found no charges related to provision (a). The criminal background checks were completed by the Bureau of Prisons and documented as clear through a clearance letter sent to the facility. Some staff had two letters, one for a conditional clearance prior to the start date and one for a final clearance that was sent just after the hire date.

e) CoreCivic policy 14-2 CC page 5 states “In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with residents, or, have in place a system for otherwise capturing such information.” The policy reflects the

requirements of this provision of the standard.

HR Staff Interview - The HR staff said she will request a new criminal background check for current employees every five years during the month prior to the month they were hired. There were no staff that had worked at JRRRC for more than five years. All Current staff had a criminal background check prior to their start date.

f) CoreCivic policy 14-2 CC page 4 requires all applicants, employees, and contractors who may have direct contact with residents shall be asked about previous misconduct, as outlined in provision (a) of this standard. A CoreCivic 14-2H CC Self-Declaration of Sexual Abuse/Sexual Harassment form is required to be completed during the application process. The policy reflects the requirements of this provision of the standard.

HR Staff Interview - The HR staff interviewed said she requires applicants to complete a Self-Declaration of Sexual Abuse/ Sexual Harassment form during the application process. This form asks three questions that cover the sexual abuse behavior prohibited by provision (a) of this standard. She said current employees are required to complete this form annually.

Document Review - The facility reported on the PAQ that JRRRC has twenty-six staff currently and hired thirty-one staff in the last 12 months. A list of staff was requested. The list provided documented thirty staff. Ten were randomly selected for document review, however the facility provided a Self Declaration of Sexual Abuse/ Sexual Harassment form on the PAQ for review for all thirty staff on the list. All staff completed a Self Declaration of Sexual Abuse/ Sexual Harassment form that asked three questions required by provision (a) prior to their start date and again on their start date.

g) CoreCivic policy 14-2 CC page 5 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." The policy reflects the requirements of this provision of the standard.

Document Review - all Self Declaration of Sexual Abuse/ Sexual Harassment forms reviewed state at the bottom staff signature area "By my signature, I understand my continuing affirmative duty to disclose any facts that would change my answers above. I further understand that any omissions regarding such misconduct, or the provision of materially false information, is grounds for termination or refusal to hire." This meets this provision of the standard.

h) CoreCivic policy 14-2 CC page 5 states "Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such former employee has applied to work." The policy reflects the requirements of this provision of the standard.

HR Staff Interview - The HR staff interviewed said if she receives an inquiry about

	substantiated PREA investigations for a prior employee, she sends it to CoreCivic FSC to answer. The facility reported on the Pre-Audit Questionnaire that James River RRC does not have contract staff. The HR staff said there were no contract staff during her interview. The PCM said there were no contract staff during the introduction meeting. Based on the information from interviews, policies and documents reviewed, the facility has been found to meet the provisions of this standard.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect residents from sexual abuse.” The policy reflects the requirements of this provision of the standard. b) CoreCivic policy 14-2 CC states “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.” The policy reflects the requirements of this provision of the standard. Director Interview – The Director said the facility has not had any expansions or modifications of the existing facility or upgrades to the video surveillance system since the last audit. She said if they do have any modifications or improvements to the facility or camera system, the PCM would be included in the planning to ensure PREA standards are considered. Based on the information from the policy and Director interview, the facility meets the provisions of the standard.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

a) CoreCivic policy 14-2 CC states “The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” The policy reflects the requirements of this provision of the standard.

Staff Interviews – All staff could describe how to protect possible DNA evidence at both the incident scene and on the victim or perpetrator. Security and non-security staff said the scene should be closed off to prevent other staff or residents from contaminating DNA evidence. Security staff and non-security staff said the victim would be instructed to not eat, drink, brush teeth, change clothes, shower, or use the toilet until evidence could be collected at the local hospital. The alleged perpetrator would be prevented from destroying evidence by staff in the same manner as the victim.

b) CoreCivic policy 14-2 CC 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 policy reflects the requirements of this provision of the standard.

There are no youth at James River RRC. DNA evidence would be collected by the Newport News Police Department. Newport News PD was informed of the evidence protocol requirements of this provision of the standard via an attempted MOU.

c) CoreCivic policy 14-2 CC 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 policy reflects the requirements of this provision of the standard.

The facility provided a copy of an MOU that CoreCivic drafted for Riverside Regional Medical Center to sign for the provision of forensic examination services. Riverside Regional Medical Center reviewed the MOU and determined it was not necessary as forensic examinations would be provided as an emergency procedure for residents in the emergency room. The facility provided emails with the hospital staff demonstrating their attempt to enter into an MOU with the hospital. The facility reported on the PAQ there were no allegations that required a forensic examination in the last 12 months.

d) CoreCivic policy 14-2 CC states “The facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PREA Compliance Manager, Facility Investigator or ADO shall consult with law enforcement prior to transporting a resident 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. If a SAFE/

	SANE provider is not available, the examination may be performed by other qualified medical practitioners.” The policy reflects the requirements of this provision of the standard. James River RRC provided a MOU with The Center for Sexual Assault Survivors for victim advocate services. CSAS agreed to provide a victim advocate and emotional support services to JRRRC residents for forensic examinations at the hospital and at investigative interviews if requested by the resident. JRRRC does not have qualified staff to provide victim advocate services. All victim advocate services are provided by CSAS. There were no allegations where the victim requested a victim advocate in the last 12 months. It was recommended to JRRRC to have staff attend victim advocate training to ensure services are provided to victims at the facility if CSAS were not available to provide them. e) CoreCivic policy 14-2 CC 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 CC Sexual Abuse Incident Check Sheet.” The policy reflects the requirements of this provision of the standard. There were no allegations where the victim requested a victim advocate in the last 12 months. f) James River RRC attempted a MOU with the Newport News Police Department that covers criminal investigations of sexual abuse allegations from residents at the JRRRC. In the to investigate allegations of sexual abuse that may be criminal violations, follow a uniform evidence protocol that is based on the most recent National Protocol for forensic examinations, offer victims a forensic exam by a qualified SANE or SAFE at the local hospital, follow evidence protocols in the collection of usable evidence. JRRRC has staff trained to conduct administrative investigations of sexual abuse and sexual harassment only. They complete an administrative investigation of sexual abuse after they have been told to proceed by the NNPD investigator. Based on the information from interviews, policies and documents reviewed, the facility was found to meet the provisions of this standard.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	a) CoreCivic policy 14-2 CC states “The Facility Director shall ensure that an administrative investigation and/or a referral for a criminal investigation, is completed for all allegations of sexual abuse and sexual harassment.” The policy reflects the requirements of this provision of the standard. The PCM reported one allegation of sexual abuse reported during the review period. The allegation is under investigation by the Newport News Police Department and could not be reviewed. James River RRC provided an attempted MOU with the Newport News Police Department that would cover NNPD conducting criminal investigations of sexual abuse allegations from residents at the JRRRC. In the MOU NNPD would respond to and investigate allegations of sexual abuse that may be criminal violations. The facility is waiting for Newport News PD to review and agree to the MOU. The MOU was emailed to the Newport News PD Chief in April 2025 and a follow up email was sent in July 2025. The Facility Director said the NNPD will respond to investigate reports of sexual abuse or contact the facility if a report of sexual harassment is received. The facility currently has one allegation of sexual abuse by staff under investigation by the Newport News PD. b) Administrative Duty Officer (ADO) staff, the PREA Compliance Manager, Facility Director or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior or the allegation would be not be considered a criminal act under federal, state, or local law. The policy reflects the requirements of this provision of the standard. Investigator Interview – The PCM has been designated as the facility investigator. She said allegations of sexual abuse are referred to the Newport News Police Department for possible criminal investigation. NNPD will inform her if they are pursuing the case or if they are not. She will complete the administrative investigation to review policy violations. The PCM said the facility received one allegation of sexual abuse in the last 12 months that is in an ongoing investigation by the Newport News PD. c) A review of the CoreCivic website PREA page found the PREA policy 14-2 CC posted at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea. Policy 14-2 CC covers investigations of sexual abuse and sexual harassment and meets this provision of the standard. Based on the information from interviews, policies and documents reviewed, the facility was found to meet the provisions of the standard.
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115.231	Employee training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

a-c) CoreCivic policy 14-2 CC states "All CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the residents at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of resident (i.e. male facility to a female facility or vice versa) shall receive additional training." The policy requires all staff to complete the training at pre-service and annually. The training is required to cover the ten topics in this provision of the standard. The policy reflects the requirements of this provision of the standard.

Curriculum Review – The CoreCivic PREA Overview training curriculum was provided for review. The curriculum is provided during new staff training and in-service annual training. The training covers the CoreCivic zero-tolerance policy; rights of inmates/detainees and staff; dynamics of sexual abuse; signs of victimization; how to detect and respond to signs; avoiding inappropriate relationships; communication with LGBTI inmates/detainees; complying with mandatory reporting to outside agencies; and included conducting cross gender and transgender searches.

Document Review – Training completion documentation was requested for ten staff. All selected staff have completed the PREA training either at hire or annually in the last year. The facility provided additional documentation of PREA training completion for the remaining twenty staff. All thirty staff at JRRRC had completed the PREA training shortly after their hire date of within the last year.

Staff Interviews - Twelve staff interviewed said the training covered zero tolerance policy; rights of residents and staff; dynamics of sexual abuse; signs and reactions of sexual abuse victims; how to avoid inappropriate relationships with residents; how to respond to a report of sexual abuse; how to protect evidence; mandatory reporting; and professional communication with LGBTI residents. Staff demonstrated a thorough knowledge of all topics and could clearly describe their responsibilities in response to a report of sexual abuse or sexual harassment.

d) CoreCivic policy 14-2 CC 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 CC PREA Training Acknowledgment form." The policy reflects the requirements of this provision of the standard.

Form 14-2A-CC CoreCivic PREA Training Acknowledgement has a statement that states staff are affirming that they received and understand the training. A screenshot of the electronic training signature was provided. It states "I do hereby document that I have received training on the Prison Rape Elimination Act (PREA) in accordance to PREA Standards 115.31 (a)(1)-(10) and 115.15 (f) and I understand the training that I have received." A training roster was provided with all staff and the dates they completed the PREA Overview training on the computer.

	Based on the information from interviews, policies and documents reviewed, the facility was found to meet all provisions of the standards
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PCM reported on the Pre-Audit Questionnaire that James River RRC does not have contract staff. CoreCivic policy 14-2 CC requires contract staff and volunteers to complete an annual PREA training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in the policy. The Director said if JRRRC were to have contract staff in the future, they would be required to complete the PREA training for contractors prior to having contact with residents. Documentation of PREA Overview training completion was provided for two current volunteers that are providing services to the facility. Volunteer Interview – A volunteer was interviewed that was providing financial literacy training to residents. She said she completed the PREA training prior to having contact with residents. The training provided the definitions for sexual abuse and sexual harassment, the zero-tolerance policy for CoreCivic, and what her responsibilities are if she becomes aware of an incident of sexual abuse or sexual harassment from direct report by a resident or suspicion such has occurred. She would immediately contact a security monitor and keep the resident safe with her until they arrive at her location. Based on the information from interviews, policies and documents reviewed, the facility was found to meet all provisions of the standard.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “Upon arrival at the facility for intake, each resident shall be provided with information regarding sexual abuse prevention and reporting (e.g. resident handbook, CoreCivic 14-2AA Preventing Sexual Abuse and Misconduct Brochure, contracting agency brochure, handout etc.).” The policy reflects the requirements of this provision of the standard. Intake Staff Interview – One of the staff that provides the residents the PREA education said he provides the PREA pamphlet and resident handbook that contains

information for several ways to report incidents of sexual abuse and sexual harassment. PREA orientation/education is given to JRRRC residents at arrival usually individually. Comprehensive information is provided through the Resident Handbook and he points out the information posted throughout the facility, asking if the resident has any questions. The comprehensive information includes the zero-tolerance policy, rights of residents to be free of sexual abuse, sexual harassment and retaliation. He said he meets individually with a resident to explain the brochure information, victim services and the different ways to report an incident of sexual abuse or sexual harassment at JRRRC. He said he would try to identify any needs for accommodation at the individual meeting and provide that accommodation. This is the same meeting he uses to complete the risk screening questions. He explains the information and makes sure the residents understand it if they cannot read, have visual or cognitive disabilities. For LEP residents, there is a telephonic service that he can utilize to have effective communication.

Resident Interviews – Sixteen residents were interviewed and asked questions about the information staff provided to them for reporting sexual abuse or sexual harassment. All residents said the staff provided the information on the first day of arrival by one of the Security monitors or a Case Manager. They were provided with written information in the handbook and a PREA pamphlet. All residents knew several methods of reporting sexual abuse or sexual harassment if they needed to.

Some residents recalled being told about services for victims, a way to report anonymously and a way to report outside of JRRRC. Residents that didn't recall specifically what information was provided said they didn't remember because they didn't think they needed it or they had heard the information at other facilities and didn't pay attention. They did not deny the staff may have talked about PREA reporting. All residents said they see posters all over the facility that have numbers they can call to report. All residents have access to phones to outside lines and cell phones.

Document Review – The CoreCivic PREA pamphlet provides information about reporting methods, rights of residents, zero tolerance, definitions of sexual harassment, sexual abuse, and how to avoid being a victim. The JRRRC resident handbook provides specific information of how to report sexual abuse and sexual harassment. It provides phone numbers for residents to report incidents to the Newport News Police Department or Federal Bureau of Prisons Office of Internal Affairs. Residents are also told they can tell any staff. Information for a local Victim Advocate Organization was provided for residents to write or call to request emotional support services. This information is also on posters throughout the facility that were easily observed.

b) CoreCivic policy 14-2 CC states "Residents who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training." The policy reflects the requirements of this provision of the standard.

c) CoreCivic policy 14-2 CC states "The facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled or

	Limited English Proficient (LEP).” The policy reflects the requirements of this provision of the standard. d) CoreCivic policy 14-2 CC states “Residents shall sign indicating acknowledgment that they have received Intake information and this documentation shall be maintained by the facility in the resident file.” The policy reflects the requirements of this provision of the standard. Document Review – Thirty residents were selected for record review. Twenty-nine signed an Acknowledgement of Facility Rules/Disciplinary Procedures Handbook form the same day they arrived at the facility demonstrating substantial compliance with the standard. e) CoreCivic policy 14-2 CC states “In addition to providing information at Intake, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.” The policy reflects the requirements of this provision of the standard. Tour Observations – PREA posters and the PREA brochure were observed in resident housing areas, administration halls, dining room, and the entrance to the facility. The intake process was observed during the intake process for one resident. The staff provided the handbook and brochure and asked if they had any questions to let them know. The staff did not go over the specific information on how to report to the local police or BOP. This information is different at each facility and must be read to the residents by the staff to ensure they get the information. Corrective Action: The Facility Director was asked to provide written directive to all staff that may provide the resident PREA education requiring them to read the PREA section of the Resident Handbook that includes the information for reporting sexual abuse and sexual harassment to the Newport News Police Department, Federal Bureau of Prisons and a local victim advocate organization. Corrective Action Completed: The Facility Director sent the directive to the staff via email on the last day of the onsite audit. A copy of the email was provided for documentation. Based on the information from tour observations, interviews, policies and documents reviewed, the facility was found to meet the provisions of the standard.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion a) CoreCivic policy 14-2 CC 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 facility 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 back-up during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.).” The policy reflects the requirements of this provision of the standard.

Investigator Interview – The AFD/PCM is designated to conduct administrative investigations. She said she completed the NIC Specialized Training: Investigating Sexual Abuse in Confinement Settings. She said the training covered interviewing techniques, evidence collection, Garrity and Miranda warnings, and evidence required to substantiate a case. She said she would not use Garrity or Miranda or collect evidence because she would not do a criminal investigation. Those would be done by the Newport News Police Department detective that conducts criminal investigations.

b) CoreCivic policy 14-2 CC 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 policy reflects the requirements of this provision of the standard.

Document Review – The training curriculum for NIC Specialized Training: Investigating Sexual Abuse in Confinement Settings was provided for review. The NIC training was found to cover the 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 training curriculum meets the standard

c) CoreCivic policy 14-2 CC states “Employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1 CC PREA Training Acknowledgment for Specialty Training. This documentation shall be maintained in the employee training file.” The policy reflects the requirements of this provision of the standard.

Document Review – the training completion certificates for the NIC Specialized Training: Investigating Sexual Abuse in Confinement Settings was provided for the AFD/PCM and Facility Director. Both are designated to conduct administrative investigations of sexual abuse and sexual harassment at JRRRC. The PREA training completion for both was also provided. This auditor does not recommend the Facility Director conduct administrative investigations for the facility. The FD is responsible for oversight of the investigation process. Instead, the Facility Director should designate an additional staff to assist the AFD/PCM.

Based on the information from interviews, policies and documents reviewed, the facility meets the standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility reported zero medical and mental health staff on the Pre-audit Questionnaire. CoreCivic policy 14-2 CC requires medical and mental health staff to complete specialized training that covers the topics required in this standard. However, the standard is not applicable to JRRRC currently.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “All residents shall be assessed during an intake screening to obtain information relevant to housing, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.” The policy reflects the requirements of this provision of the standard. b) CoreCivic policy 14-2 CC states “Residents shall be assessed, within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. This includes residents who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception, and residents who have been returned from court, or other leave status.” The policy reflects the requirements of this provision of the standard. Risk Screening Staff Interview – A Case Manager that conducts risk screenings at intake said all residents are assessed for risk of vulnerability or risk of being an abuser. She said the Security Monitors and the Case Managers complete the risk screening for new residents. Two Security Monitors said they complete the intake risk screening the same day the residents arrive. Resident Interview – All residents said they were asked questions about prior victimization, sexual orientation, gender identity, disabilities, prior criminal history, and if they felt vulnerable to sexual abuse on the first day they arrived at the facility. Document Review – Thirty residents were randomly selected from a list of all residents received during the last 12 months. Twenty-nine had an intake risk screening completed. One resident was a direct home confinement placement and did not stay at the facility. Three intake assessments were completed more than 72 hours after arrival.

c) CoreCivic policy 14-2 CC states "Screenings will be completed and documented using an objective screening instrument." The policy reflects the requirements of this provision of the standard.

CoreCivic uses a Sexual Abuse Screening Tool to document a risk assessment at intake and reassessment within 30 days for all residents that are received.

d) CoreCivic policy 14-2 CC states "The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability; age of the resident; physical build of the resident; whether the resident has previously been incarcerated; whether the residents criminal history is exclusively nonviolent; whether the resident has prior convictions for sex offenses against an adult or child; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization; resident's own perception of vulnerability." The policy reflects the requirements of this provision of the standard.

Risk Screening Staff Interview – A Case Manager was interviewed that completes risk assessments. She said the Security Monitors and the Case Managers complete the risk screening for all new residents. She said the residents are asked questions in private to gather information for completing the risk assessment. She asks residents if they identify as or are perceived to be transgender, gay or bisexual; have disabilities; feel vulnerable to sexual abuse; have been a prior victim of sexual abuse; or have prior sex offense convictions. She said the resident record is reviewed to finish gathering information to complete the assessment. Two Security Monitors were asked how they completed the risk assessment. Both said they interviewed residents in a private room and asked them questions from the risk assessment. These were the same questions the Case Manager asks.

Observation - A resident arrived during the onsite audit. This auditor observed a Security Monitor conducting the intake screening interview with the resident. The Security Monitor asked the questions from the intake screening instrument on the computer. Questions were about prior victimization in the community or in an institution; if the resident felt vulnerable to sexual abuse while incarcerated; if the resident was or perceived to be LGBTI or gender nonconforming; if the resident had any disabilities; or if the resident had any prior sex offense convictions.

Resident Interview - All residents said they were asked questions about the assessment on the first day they arrived at the facility by either the Security Monitor or the Case Manager. They could recall being asked if they identify as transgender, gay or bisexual; if they are a prior victim of sexual abuse; have disabilities; if their prior criminal history was violent or sex offenses; and if they feel vulnerable to sexual abuse.

Document Review – The Sexual Abuse Screening Tool was reviewed. The victimization section asked questions that gathered information for prior victimization; transgender, intersex, gay, bisexual, lesbian, gender nonconforming; physical, developmental, mental disabilities; vulnerability to sexual abuse; size; age;

first time incarcerated; conviction for sex offense against a child/adult; and history of non-violent offenses only.

e) CoreCivic policy 14-2 CC states “The initial intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.” The policy reflects the requirements of this provision of the standard.

Risk Screening Staff Interview – The staff that completes the initial risk assessment said she asks the resident questions about prior perpetration of sexual abuse in the community and in correction institutions, prior convictions for violent offenses or violent institutional conduct. She also checks the residents’ record for this information as well.

Document Review – The predatory history/risk section of the Sexual Abuse Screening Tool reviews for prior perpetration of sexual abuse while in the community (sex offense convictions involving adult/child) and in an institution, prior conviction for violent offense or violent institutional conduct.

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

Document Review – Thirty residents were selected for risk assessment review. Five were released to home confinement prior to 30 days at the facility. Twenty-five were at the facility for at least 30 days. Nineteen had a reassessment completed within 30 days of arrival. Two reassessments were completed after 30 days. Four were not signed by staff or incomplete.

Risk Screening Staff Interview – The staff that completed 30-day reassessments said she meets with the residents again around three weeks after their arrival to ask them all of the questions on the assessment again. She completed a whole new Sexual Abuse Screening Tool.

Resident Interview – Residents said they were asked the questions again about prior victimization, sexual orientation, gender identity, disabilities, prior violence or perpetration of sexual abuse around three or four weeks after arrival.

g) CoreCivic policy 14-2 CC states “A reassessment shall also be completed when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator.” The policy reflects the requirements of this provision of the standard.

There were no substantiated or unsubstantiated investigations of sexual abuse during the review period that would cause a reassessment to be completed.

h) CoreCivic policy 14-2 CC states "Residents shall not be disciplined for refusing to answer, or for not disclosing complete information." The policy reflects the requirements of this provision of the standard.

Risk Screening Staff Interview - The staff that complete assessments said residents do not have to answer the questions being asked for an intake assessment or reassessment. They would not be disciplined for refusing.

i) CoreCivic policy 14-2 CC 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 resident's detriment by staff or other residents." The policy reflects the requirements of this provision of the standard.

PREA Coordinator Interview - the PREA Coordinator said the information on the risk assessments is confidential and limited to staff that complete them or who are authorized access. The assessments are in an electronic system that is password protected.

PCM Interview - The PCM said the risk assessment is in an electronic system with limited access. Only staff that complete the assessment or review assessments have authorized access.

Screening Staff Interview - The staff that complete risk assessments all said the information that is contained on a risk assessment is confidential and only authorized staff have access.

Corrective Action Required: Both intake risk assessments and reassessments were found to be incomplete, completed incorrectly or not within the required time frame of the standard. The PCM said there was a problem identified with the staff not signing and closing the electronic risk assessment and the system allowing it to be left incomplete. She said there was training completed prior to the onsite audit with the Case Managers to correct the mistakes being made in the electronic assessment system. An immediate corrective action was proposed. The PCM was instructed to conduct retraining with the Security Monitors that complete the risk assessments and provide documentation of the training with the Case Managers. The PCM was instructed to provide risk assessments after the training with the Case Managers and Security Monitors for review in the 30 days following the onsite audit.

Corrective Action Completed: The facility provided meeting minutes and training materials that were covered with the Case Managers prior to the onsite audit. Sign-in sheets and an outline of training that was provided to Security Monitors were provided to document re-training on risk assessment completion in the computer based assessment tool. A sample of fifty-four intake assessments and thirty-four 30-day reassessments completed from August to October 2025 were reviewed for accurate completion and time frame compliance. All assessments reviewed were

	completed accurately and signed by staff. All fifty-four intake risk assessments were completed within 72 hours of arrival. All thirty-four 30-day reassessments were completed within the required 30 days after arrival. The issues found in the first sample reviewed were corrected after the re-training provided to the staff that complete risk assessments. The Assessments were signed by the staff electronically and properly closed out on the date they were completed. Based on the information from corrective actions, interviews, policies and documents reviewed, this auditor finds the facility meets all provisions of the standard.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) CoreCivic policy 14-2 CC states “The facility shall use the information from the 14-2B CC Sexual Abuse Screening Tool, or equivalent contracting agency form, completed at initial screening and all subsequent reassessments, in the consideration of housing, recreation, work program and other activities.” The policy reflects the requirements of this provision of the standard. PCM Interview – The PCM said the risk assessment results are utilized as a factor in resident housing assignments. Alerts are generated for residents at risk of being a victim or an abuser. A resident that is at risk of being a victim cannot be housed in the same room with a resident that is at risk of being an abuser/perpetrator. Risk Screening Staff – Risk screening staff said the results of the risk assessment are used to determine room assignment. Residents with a risk of victimization outcome are not placed in a room with residents that are at risk of being an abuser. b) CoreCivic policy 14-2 CC states “The facility shall make individualized case-by-case determinations about how to ensure the safety of each resident.” The policy reflects the requirements of this provision of the standard. c) CoreCivic policy 14-2 CC states “The decision whether to assign a transgender or intersex resident to a male facility or a female facility will generally be made by the contracting agency prior to the resident's arrival at a CoreCivic facility. The Facility Director shall consult with his/her appropriate contracting agency representative, CoreCivic Managing Director, and the CoreCivic FSC PREA Coordinator in the event there are concerns with a placement. In deciding whether to house a transgender/intersex resident in a male or female unit, pod, or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such residents, the facility shall consider whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems.” The policy reflects

the requirements of this provision of the standard.

Risk Screening Staff – Risk assessment staff said she informs the PCM if a resident identifies as transgender. She asks transgender residents about showers, search preferences, pronouns and if they have any feelings of vulnerability in their room placement.

PCM Interview – The Assistant Facility Director/PCM said the Case Manager will notify her if a resident identifies as transgender at the intake risk assessment. The facility has a committee that meets with the transgender resident a few days after arrival. The committee asks the transgender resident about vulnerability/safety, views on being housed in a male facility, search preferences, shower preferences. The meeting is documented on a PAST Committee form and sent to CoreCivic FCS. The BOP has decided the gender of facility the transgender resident should be placed prior to their arrival at JRRRC. If there are any concerns with placement at JRRRC, the Facility Director will contact the BOP. The facility has a single use bathroom with a stall shower that has a curtain that allows a transgender resident to shower separate regardless of their room assignment.

Facility Director Interview – The Facility Director said there have been no residents that identify as transgender in the last year. If they receive a transgender resident, a committee will meet with the resident to ask about the resident's views on placement/safety, search and shower preferences. The committee will document the meeting and residents' answers on a form that is sent to CoreCivic central office.

d) CoreCivic policy 14-2 CC states "Transgender or intersex resident gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments." The policy reflects the requirements of this provision of the standard.

e) CoreCivic policy 14-2 CC states "Transgender or intersex resident gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments." The policy reflects the requirements of this provision of the standard.

f) CoreCivic policy 14-2 CC states "Transgender and intersex residents shall be given the opportunity to shower separately from other residents." The policy reflects the requirements of this provision of the standard.

Tour Observations – All bathrooms have stall showers with curtains that provide privacy for a resident to shower without being seen in a state of undress by staff without creating a blind spot. The facility had a bathroom with one shower stall that a transgender resident could use if they didn't feel the individual shower stalls in the multi-person bathroom was private enough. The single person bathroom was in direct line of site to the Security office.

g) CoreCivic policy 14-2 CC states "The facility shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units, wings or dormitories

	solely on the basis of gender identification or status.” The policy reflects the requirements of this provision of the standard. There were no transgender residents at the facility during the onsite audit. None of the residents interviewed said they identified as transgender, gay or bisexual at the risk assessment. Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the provisions of this standard.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “Residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.” Staff Interviews – All staff interviewed could describe several ways residents can report an allegation of sexual abuse or sexual harassment. Staff said residents can call the numbers on the PREA posters, tell any staff, write to the PCM or Director, tell family to call the numbers on the CoreCivic website, or call local police. Resident Interviews – All residents were informed of several ways to make a PREA report when they arrived at JRRRC. Residents admitted they couldn’t recall the specific details of what they staff told them because they didn’t think they needed the information and didn’t pay attention. However, all residents could describe more than one method of reporting sexual abuse and sexual harassment if they needed to because the information is on posters throughout the facility. Some said they could call the police if they didn’t want to report to CoreCivic or the facility. All residents knew they could tell any staff, write staff, file a grievance, tell family so they can report for them. They could be anonymous by not giving their name when they called the hotline. Tour Observations – PREA posters were seen in hallways by resident rooms, in the dayroom and dining room. The posters advertised the phone number for Newport News Police Department as the external reporting. The posters also provided the phone number for the Federal Bureau of Prisons Residential Manager. Photos of the poster were provided in the PAQ and taken by this auditor while on the tour. A picture of the posted memorandum was provided in the PAQ. A CoreCivic Ethics Line poster was seen posted in the Multi-Purpose/Dining room, facility entrance and administration hallway. This poster has a phone number to CoreCivic central office.

	b) CoreCivic policy 14-2 CC states “The facility shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request.” The policy lists the Newport News Police Department as the external agency that James River RRC residents can call to make a report. The non-emergency line was provided or residents could call 911. James River RC provided a MOU with the Newport News Police Department that covers criminal investigations of sexual abuse and sexual harassment allegations from residents at the JRRRC. In the MOU, NNPd agrees to investigate allegations of sexual abuse that may be criminal violations. The MOU requires NNPd to receive and immediately forward to the facility reports from residents of sexual abuse and sexual harassment. The MOU has not been signed as of this audit but was sent to the NNPd for signature just before the onsite audit. Because the residents have cellphones, calls are unmonitored, and the residents can call and remain anonymous by not providing their name. If a resident does not have a cellphone, they can use a phone provided by the facility. This phone is not monitored. c) CoreCivic policy 14-2 CC states “Staff must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.” Staff Interviews - Staff said they are required to do an incident report for all reports of sexual abuse or sexual harassment to include verbal reports. The report must be turned in before the end of their shift on the same day. d) CoreCivic policy 14-2 CC 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 1-800-461-9330 or www.corecivic.com/ethicsline.” Staff Interviews – When asked how staff can make a private report, all staff said they could use the Ethics Line. They could also ask to talk to their supervisor in private to make the report. Another private way to report was to email or talk to the PCM or Facility Director directly. Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	CoreCivic policy 14-2 CC states “CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process. Should a report of sexual abuse or sexual harassment be submitted and received as a resident grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the designated facility Investigator or Facility Director for investigation and reporting in accordance with this policy.” The PCM reported on the PAQ that JRRRC is exempt from this standard. However, there was no statement provided to the resident population either in the handbook or posted regarding grievances related to sexual abuse not being processed as grievances and being immediately referred for investigation. Residents stated in interviews they could report incidents of sexual abuse or sexual harassment in grievances. The facility was asked to revise the resident handbook grievance section to add a statement similar to the guidance provided in the FAQ from July 2022 as a corrective action. Corrective Action Completed: The Facility Director posted a memorandum in the facility that stated “Grievances related to sexual abuse or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) are immediately converted to investigations that are outside of the agency’s administrative remedies process and are not considered by the agency to be grievances.” Based on the information from policies and documents reviewed, this auditor has determined the facility meets the requirements for exemption from the standard as described in the FAQ provided in July 2022.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “Residents shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including tollfree hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations.” The policy reflects the requirements of this provision of the standard. b) CoreCivic policy 14-2 CC states “The facility shall have a process in place to ensure that written correspondence between residents and these agencies may remain confidential.” The policy reflects the requirements of this provision of the standard.

	c) CoreCivic policy 14-2 CC states “CoreCivic shall maintain or attempt to enter into a Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse.” The policy reflects the requirements of this provision of the standard. James River RC provided a MOU with The Center for Sexual Assault Survivors for victim advocate services. The MOU expired in May 2025. The facility provided emails to CSAS with a request for renewal of the MOU. In the MOU, CSAS agrees to provide victim services to JRRRC residents for forensic examinations at the hospital and at investigative interviews if requested by the resident. CSAS has also agreed to provide a phone number residents can call to request victim services. The phone number to CSAS is provided in a memorandum posted in hallways, a dayroom and dining room that was observed on the facility tour. The resident phones are not monitored and are connected to an outside line directly to CSAS. All residents have personal cellphones that are not monitored as well. This makes the calls to CSAS confidential. Resident Interviews - Residents were asked if staff informed them of an organization that provides services to victims of sexual abuse. Most residents remembered the staff telling them about victim services the first day they arrived at the facility. Most residents knew there was a phone number they could call for these services. All said they don’t know the name of the organization because they didn’t need the service. All residents said their phone calls are not monitored. Victim Advocate Interview – This auditor contacted the the Center for Sexual Assault Survivors to verify the MOU with JRRRC and services that can be provided. The Executive Director said CSAS has an MOU with JRRRC where they agree to provide victim services and emotional support services to the residents of JRRRC. Communications are confidential and occur through the CSAS 24 hour hotline. A resident could meet with an advocate at CSAS or a special visit can be arranged at JRRRC. CSAS can provide services at the Riverside hospital for a forensic examination or at the facility where the victim is being interviewed by the investigator from JRRRC or Newport News PD. It was pointed out that the MOU had expired a few months ago. The ED said they would get it renewed. Based on the information from tour observations, interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	CoreCivic policy 14-2 CC 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 1-800-461-9330 or www.corecivic.com/ethicsline.” A review of the CoreCivic James River RRC webpage found third-party reporting information at https://www.corecivic.com/facilities/james-river-residential-reentry-center. Posters were observed at the entrance, administration areas and the dining area where visits would take place. Ethics line posters were observed at the entrance and in the conference room. There were no third-party reports received during the review period. Based on the information from tour observations, policy and document review, the facility is found to meet the standard.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) CoreCivic policy 14-2 CC states “In accordance with this policy all staff including employees, contractors and volunteers are required to report immediately any knowledge suspicion, or information regarding, an incident of sexual abuse or sexual harassment that has occurred in any facility (including a facility that is not part of CoreCivic).” The policy reflects the requirements of this provision of the standard. Staff Interviews – All staff interviewed said they are required to immediately report all knowledge or suspicion of an incident of sexual abuse or sexual harassment; retaliation against staff or inmates that report an incident; and staff neglect to report an incident or retaliation. b) CoreCivic policy 14-2 CC states “Apart from reporting to designated supervisors or officials, staff 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 policy reflects the requirements of this provision of the standard. Staff Interviews – All staff said they are not allowed to share information reported to them about an incident of sexual abuse or sexual harassment with staff that are not involved in the response or investigation. c) James River RRC does not have medical or mental health staff. This provision is not applicable to JRRRC. d) CoreCivic policy 14-2 CC 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 for additional reporting under applicable mandatory reporting laws.” The policy reflects the requirements of this provision of the standard. Virginia defines a Vulnerable Adult as: “A person is a vulnerable adult if they are 18 years of age or older and cannot manage their finances or daily tasks, or protect themselves from harm, due to a physical or intellectual disability.” Abuse of a vulnerable adult must be reported to the Adult Protective Services or local law enforcement. This was obtained from the following website: https://www.dars.virginia.gov/aps/AdultProtServ.htm. JRRRC does not have residents under 18 years old. Based on the definition from the Virginia Adult Protective Services website, it is unlikely a resident at JRRRC would be a vulnerable adult. e) CoreCivic policy 14-2 CC states “The facility shall report all allegations of sexual abuse and sexual harassment including 3rd party and anonymous reports to the facility's designated investigators.” The policy reflects the requirements of this provision of the standard. Facility Director Interview – The Director said all reports of sexual abuse and sexual harassment, including third party and anonymous reports, are given to the facility investigator/PCM for review. If the allegation is sexual abuse, the facility investigator/PCM will contact the Newport News Police Department. If the allegation is sexual harassment, the facility investigator will initiate an administrative investigation. She said there has not been a completed investigation in the last year. There is a current allegation of sexual abuse by staff that is an ongoing investigation by the Newport News PD. Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion CoreCivic policy 14-2 CC states “When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.” Agency Head Interview – If an inmate reported being in imminent risk of sexual abuse, the Vice President said the staff will take immediate action to protect the inmate by separating them from the alleged perpetrator. An investigation would be initiated to determine if there are other actions needed in response.

	Facility Director Interview – The Director said staff would take immediate action to separate the victim and perpetrator if there was an imminent risk of sexual abuse. If there was a substantial risk of imminent sexual abuse, the alleged resident perpetrator could be separated into an empty dorm initially. She would contact the BOP to arrange for transfer to another BOP facility. If the perpetrator was staff, she would have the staff removed from contact with the resident and put the staff on a temporary suspension pending investigation. Staff Interviews – All staff interviewed said if a resident were a substantial risk of imminent sexual abuse, they would take immediate action to protect the resident by separating them from other residents and keeping the resident with them while they notify the shift supervisor, PCM and Director. Document Review – The PREA Overview training instructs first responders to take immediate action to protect the victim. Staff are instructed to separate the victim and perpetrator. All staff knew to separate the victim from the alleged perpetrator. The facility reported on the Pre-Audit Questionnaire zero incidents where a resident was determined to be a substantial risk of imminent sexual abuse in the last 12 months. Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the standard.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a-c) CoreCivic policy 14-2 CC requires the Facility Director to notify the other Facility Director or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. A copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred. The facility shall document that it has provided such notification through 5-1 CC Incident Reporting procedures. Facility Director Interview – The director said if a resident at JRRRC reports an incident of sexual abuse that occurred at another facility, she would forward the information provided by the victim on a 5-1B form to the facility head of the other facility. The form will be emailed to document that it was provided within 72 hours. The Facility Director said there have been no reports of sexual abuse incidents at another facility in the last 12 months. PCM Interview – The PCM said if a resident reports being sexually abused at another

	facility, she would immediately provide the information to the Facility Director. She would obtain a statement from the resident victim and provide a written report to the Facility Director. The Facility Director will complete and send a 5-1B report to the other facility head. d) CoreCivic policy 14-2 CC requires the facility to conduct an investigation of an allegation of sexual abuse that was received from another facility for a resident that was previously confined at JRRRC. Facility Director Interview - The Facility Director said if she receives a report from another facility head about an incident of sexual abuse that occurred at JRRRC from a former resident, she will immediately provide the information to the Facility Investigator and/or the Newport News Police Department to conduct an investigation. There have been no reports of sexual abuse received from other facilities in the last 12 months. Based on the information from interviews and policies reviewed, this auditor finds the facility meets the provisions of this standard.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) CoreCivic policy 14-2 CC states “Upon learning of sexual abuse, or an allegation of sexual abuse, the first security responder is required to complete the following: Separate the alleged victim from the alleged abuser; Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation; If the abuse occurred within a period of time that allows for 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 period that allows for collection of physical evidence and when the alleged abuser is a resident, staff shall ensure that the alleged abuser does not take any actions 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 policy reflects the requirements of this provision of the standard. The facility reported on the Pre-Audit Questionnaire there were no incidents in the last 12 months that allowed for the collection of DNA evidence. b) CoreCivic policy 14-2 CC 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 policy reflects the requirements of this provision of the standard. Staff Interviews - All staff were asked to describe their responsibilities and steps they are required to complete when a resident makes a report of sexual abuse/sexual assault to them. All staff said they were required to immediately separate the alleged victim from the alleged perpetrator, protect evidence on the victim or resident perpetrator and at the scene, notify the Facility Director and PCM. Non-security staff would immediately notify security staff when they receive a report of sexual abuse from a resident. Protect evidence and keep the resident with them until security staff arrive. Some staff showed this auditor a First Responder Card they carry that provides them with quick reference information about the steps they are to follow. The facility has one pending investigation being conducted by the Newport News PD. Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion CoreCivic policy 14-2 CC section L and M provides the facility coordinated response plan to a report of sexual abuse. The response plan describes the actions for first responders, Administrative Duty Officer and the Security Representative. JRRRC does not have medical or mental health staff or staff that provide victim services. The plan provides direction to staff about where to obtain medical and mental health services for victims of sexual assault. The contact information for the Riverside Regional Medical Crisis center is provided. The plan also requires the ADO, PREA Compliance Manager or Facility Director to contact local law enforcement for a criminal investigation and assistance with determining if a forensic examination is required at the hospital. Contact information for the Newport News Police Department is provided in the plan. The facility has a Sexual Assault Response Team that consists of the Facility Director, Assistant Facility Director/PCM/Investigator, Security Supervisor, and ADO. The response plan provides the actions to be taken by each member of the SART. Facility Director Interview – The Facility Director said JRRRC has a Sexual Assault Response Team that consists of herself, first responders, the Investigator/Assistant Director/PCM, security supervisor, and the QA Manager. The SART meets monthly to review incidents and the response protocols. Based on the information from review of the facility coordinated plan and the Facility Director interview, this auditor finds the facility meets the standard.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PCM reported on the Pre-Audit Questionnaire that James River RRC does not have a collective bargaining agreement.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “Residents and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other residents or staff.” The policy reflects the requirements of this provision of the standard. b) CoreCivic policy 14-2 CC states “ADO staff or the Facility Director will determine, on a case-by-case basis, whether or not placement of a staff member on administrative leave or in a non-contact role with the victim and/or other residents is warranted. This determination will take into account the gravity and credibility of the allegations.” The policy reflects the requirements of this provision of the standard. c-d) CoreCivic policy 14-2 CC states “For at least 90 days (30/60/90) following a report of sexual abuse, the facility shall monitor the conduct and treatment of residents who reported sexual abuse and residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by residents or staff. Monitoring shall be documented on the 14-2D CC PREA Retaliation Monitoring Report (30/60/90) or contracting agency equivalent form.” CoreCivic policy 14-2 CC requires the facility to employ multiple protection measures that could be housing changes or transfers of resident victims or abusers, removal of staff or resident abusers from contact with victims, emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, and periodic status checks. For at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are changes that may suggest possible retaliation by residents or other staff.” The policy reflects the requirements of this provision of the standard. e) CoreCivic policy 14-2 CC 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 policy reflects the

	requirements of this provision of the standard. f) CoreCivic policy 14-2 CC states “The facility obligation to monitor retaliation for staff and residents shall terminate if the facility determines that the allegation is unfounded.” The policy reflects the requirements of this provision of the standard. Agency Head Interview – The facilities have staff designated to monitor retaliation. Retaliation against a person that reported sexual abuse by staff or inmates is prohibited. All suspected retaliation is investigated and acted upon accordingly. Facility Director Interview – The Facility Director said the staff monitoring for retaliation is the PCM/Facility Investigator. If retaliation is suspected or reported, she would have the PCM conduct an investigation. If a resident is found retaliating against another resident or staff, the resident can be disciplined and/or transferred if needed. If staff are retaliating against a resident or staff, the staff could face disciplinary action up to termination. The Director would consult with HR to follow progressive discipline. Staff Designated to Conduct Retaliation Monitoring – The PCM/Assistant Facility Director is designated to conduct retaliation monitoring. She said she meets with the resident initially to inform them she will be monitoring for retaliation and there will be a meeting every 30 days. If anything occurs between meetings, the resident is instructed to contact her or tell other staff about the retaliation. She reviews housing assignments, conduct, program changes for any sudden changes. If she sees anything, she will ask the resident if there is an issue. She also consults with the resident’s case manager for information about possible retaliation. If retaliation is suspected or there is evidence of retaliation, she would notify the Facility Director and investigate the alleged retaliation. Monitoring will last up to 90 days, and it can go longer if needed. If there is an unfounded investigation outcome, she stops monitoring. If staff are a witness or reporter, she will tell them to report any retaliation against them to her. If there is suspected or known retaliation, she will conduct an investigation. Investigation Review – There was no retaliation monitoring of the resident victim conducted for an incident of sexual abuse that has a current ongoing investigation. The resident was released from the facility at the time the information about the incident was received. There were no other reports of sexual abuse during the last 12 months. Based on the information from interviews, documents and policies reviewed, this auditor has determined the facility meets the provisions of the standard.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

a) CoreCivic policy 14-2 CC states “The Facility Director shall ensure that an administrative investigation and/or a referral for a criminal investigation, is completed for all allegations of sexual abuse and sexual harassment. An administrative investigation into an allegation with potentially criminal behavior shall not be initiated by a facility investigator until the law enforcement agency responsible for conducting criminal investigations declines to accept the case or otherwise authorizes the facility to begin an administrative investigation. Administrative Investigations shall not interfere with criminal investigations being conducted by law enforcement and shall be coordinated with the investigative entity conducting that investigation. Facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports.” The policy reflects the requirements of this provision of the standard.

Facility Investigator Interview – The PCM is designated as the facility investigator. She said she conducts administrative investigations only. If there is an allegation of sexual abuse, it is referred to the Newport News Police Department for possible criminal investigation. The Facility Investigator said she waits for the NNPD investigator to tell her to proceed with the administrative investigation. Once she is told to proceed, she starts the investigation immediately. She interviews the victim, witnesses, reviews video if available, and interviews the suspect. If the report is anonymous, she proceeds with an investigation based on the information received. If the report is a third-party report, she will begin the investigation the same as a direct report from the victim.

NNPD MOU - James River RRC provided the emails where the PCM provided Newport News Police Department with a MOU that covers criminal investigations of sexual abuse allegations from residents at JRRRC. The NNPD was informed they must follow the requirements of standards 115.221(a-e), 115.222, 115.251, and 115.271 while conducting investigations.

Investigation File Review – JRRRC had one allegation of staff sexual abuse that was pending investigation by the NNPD during the review period. There were no completed investigations.

b) CoreCivic policy 14-2 CC states “The facility shall use investigators for administrative investigations who have received specialized training in sexual abuse investigations pursuant to Standards 115.234.” The policy reflects the requirements of this provision of the standard.

Facility Investigator Interview – The JRRRC Facility Investigator is the PCM and Assistant Director. She said she completed the Investigating Sexual Abuse in a Confinement Setting, a web-based training through NIC. She said the facility has another investigator, the Facility Director. She said all the facility investigators only complete the administrative investigations. All criminal investigations are conducted by the Newport News Police Department investigators.

RECOMMENDATION: This auditor recommends the Facility Director not to be a

facility investigator conducting administrative investigations at JRRRC. The Facility Director manages and oversees all aspects of PREA compliance and operation of JRRRC, including investigations. If the Facility Director investigates allegations, there is no one to oversee the process. If the facility needs more coverage for the absence of the PCM/facility investigator at JRRRC, then getting another staff trained is recommended.

c) CoreCivic policy 14-2 CC states "CoreCivic shall request (through an MOU or other communication) that entities conducting criminal investigations include the following in their policy and procedures: 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 policy reflects the requirements of this provision of the standard.

Facility Investigator Interview - The Facility Investigator said she would not collect DNA evidence but would ensure DNA evidence is protected until NNPD investigators can come collect the evidence. She does collect video evidence, evidence in documents and testimonial evidence from interviews for administrative investigations.

d) CoreCivic policy 14-2 CC states "CoreCivic shall request (through an MOU or other communication) that entities conducting criminal investigations include the following in their policy and procedures: When the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." The policy reflects the requirements of this provision of the standard.

NNPD MOU - James River RRC provided the emails where the PCM provided Newport News Police Department with a MOU that covers criminal investigations of sexual abuse allegations from residents at JRRRC. The NNPD was informed they must follow the requirements of standards 115.221(a-e), 115.222, 115.251, and 115.271 while conducting investigations. This includes this provisions of the standard.

e) CoreCivic policy 14-2 CC states "CoreCivic shall request (through an MOU or other communication) that entities conducting criminal investigations include the following in their policy and procedures: The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." The policy reflects the requirements of this provision of the standard.

Facility Investigator Interview - The Facility Investigator said the credibility of a victim, witness or suspect is not just based on them being a resident. She would consider their past conduct and PREA investigation record. She said she would not and cannot give a polygraph as she has not been trained to conduct one and the

facility does not have one.

f) CoreCivic policy 14-2 CC states “Administrative Investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G CC Incident Investigation Report and shall detail the following components: investigative facts, physical evidence, testimonial evidence, reasoning behind credibility assessments, investigative findings, and an explanation as to how the conclusion of the investigation was reached.” The policy reflects the requirements of this provision of the standard.

Facility Investigator Interview – The Facility Investigator said she would review the staff response to the report of sexual abuse, whether staff had knowledge and failed to report, or if staff were monitoring residents as required.

g) CoreCivic policy 14-2 CC states “CoreCivic shall request (through an MOU or other communication) that entities conducting criminal investigations include the following in their policy and procedures: 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 policy reflects the requirements of this provision of the standard.

PCM Interview – James River RRC provided the emails where the PCM provided Newport News Police Department with a MOU that covers criminal investigations of sexual abuse allegations from residents at JRRRC. The MOU has not been signed as of the onsite audit. However, she said the Newport News Police Department will provide an investigator to conduct a criminal investigation for all allegations of sexual abuse by residents at JRRRC. The facility currently has an ongoing investigation of staff sexual abuse being conducted by the Newport News PD.

h) CoreCivic policy 14-2 CC states “CoreCivic shall request (through an MOU or other communication) that entities conducting criminal investigations include the following in their policy and procedures: Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.” The policy reflects the requirements of this provision of the standard.

Facility Investigator Interview – the PCM/Facility Investigator said the Newport News PD would refer a criminal investigation for prosecution.

i) CoreCivic policy 14-2 CC states “The facility shall retain all case records into allegations of sexual abuse, including incident reports, resident information, investigative reports, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.” The policy reflects the requirements of this provision of the standard.

j) CoreCivic policy 14-2 CC states “CoreCivic shall request (through an MOU or other communication) that entities conducting criminal investigations include the

	following in their policy and procedures: The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.” The policy reflects the requirements of this provision of the standard. Facility Investigator Interview – The Facility Investigator said she would not terminate an administrative investigation if staff or a resident leaves the facility. If the resident victim or resident suspect leaves the facility prior to the conclusion of the investigation, she will get their contact information from the Case Manager and attempt to call them for statements or to provide the outcome. If staff resign prior to completing an investigation, she will contact the Corecivic Legal Department for assistance in contacting the staff for statements. l) CoreCivic policy 14-2 CC states “The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.” The policy reflects the requirements of this provision of the standard. Director Interview – The Facility Director said administrative investigations are completed by the JRRRC facility investigator and criminal investigations are completed by the Newport News Police Department. The Facility investigator completed the specialized investigation training. Facility Investigator Interview - The PCM/Facility Investigator said she will contact the Newport News PD investigator to get updates and the outcome of their investigation. Based on the information from corrective actions, interviews, policies, and documents reviewed, his auditor has determined the facility meets the provisions of the standard.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion CoreCivic policy 14-2 CC states “In any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place.” The policy reflects the requirements of this provision of the standard. Facility Investigator Interview – The PCM/Facility Investigator said the evidence standard used to substantiate an administrative investigation is preponderance of evidence.

	There were no completed investigation during the last 12 months that could be reviewed for the evidence standard used. Based on the information from the interviews, policies and documents reviewed, this auditor finds the facility meets the provisions of the standard.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a-b) CoreCivic policy 14-2 CC states “Following an investigation into a resident's allegation that he/she suffered sexual abuse at the facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident.” The policy reflects the requirements of this provision of the standard. Director Interview – The Director said the investigator will notify the resident of the outcome of an investigation on a Resident PREA Allegation Status Notification form if the resident is still at the facility. Investigator Interview – The PCM/Facility Investigator said she will notify a resident victim of the investigation outcome on a 14-2E form if the resident is still at the facility. The resident signs the form acknowledging they received it. If there is a criminal investigation, she said she will get the outcome from the Newport News PD investigator and complete a PREA Allegation Status Notification Form 14-2E to provide to the resident. c) CoreCivic policy 14-2 CC states “Following an resident's allegation that an employee has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever: The employee is no longer posted within the resident's unit as a result of the findings of the investigation; the employee is no longer employed at the facility as a result of the allegation; the facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.” The policy reflects the requirements of this provision of the standard. d) CoreCivic policy 14-2 CC states “Following an resident's allegation that he/she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever: The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the alleged abuser has been convicted on a charge related to sexual

	abuse within the facility.” The policy reflects the requirements of this provision of the standard. Investigation File Review – There were no completed investigations during the review period. The facility reported one ongoing investigation. e) CoreCivic policy 14-2 CC states “All resident notifications or attempted notifications shall be documented on the 14-2E CC Resident Allegation Status Notification.” f) CoreCivic policy 14-2 CC states “The facility obligation to notify the resident as outlined in this section shall terminate if the resident is released from CoreCivic custody.” The policy reflects the requirements of this provision of the standard. Based on the information from the interviews, policies and documents reviewed, this auditor finds the facility meets the provisions of the standard.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) CoreCivic policy 14-2 CC states “Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.” The policy reflects the requirements of this provision of the standard. b) CoreCivic policy 14-2 CC states “Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.” The policy reflects the requirements of this provision of the standard. c) CoreCivic policy 14-2 CC 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 policy reflects the requirements of this provision of the standard. d) CoreCivic policy 14-2 CC 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 policy reflects the requirements of this provision of the standard. The PCM reported on the PAQ that staff have not been disciplined for an incident of sexual abuse or sexual harassment during the review period. The Director said

	during her interview there have been no substantiated allegation of sexual abuse or sexual harassment involving staff during the last 12 months. An allegation of staff sexual abuse is in an ongoing investigation at the time of the onsite audit. The HR staff said in her interview there have been no staff disciplined for a PREA incident during the last year. If there was a substantiated investigation of sexual abuse against staff, discipline would be progressive and may result in termination. Based on the information from the interviews, policies and documents reviewed, this auditor finds the facility meets the provisions of the standard.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a contractor or volunteer will result in appropriate corrective action up to and including restricting contact with residents and removal from the facility.” The PCM reported on the PAQ that James River RRC does not have contract staff and no volunteers have been terminated services due to an allegation of sexual abuse or sexual harassment. CoreCivic policy 14-2 CC does have the requirements that cover provisions a) and b) that would apply to James River RRC if they were to have contract staff in the future.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) CoreCivic policy 14-2 CC states “Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.” The policy reflects the requirements of this provision of the standard. Resident discipline policy is provided in the Resident Handbook. The policy includes violations of sexual assault of a person, engaging in sex acts, and making sexual proposals. b) CoreCivic policy 14-2 CC states “Sanctions shall be commensurate with the

nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.” The policy reflects the requirements of this provision of the standard.

c) CoreCivic policy 14-2 CC states “The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.” The policy reflects the requirements of this provision of the standard.

d) 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.

Director interview – The Director said James River RRC does not have medical or mental health staff. If a resident was a perpetrator in a substantiated investigation of sexual abuse and remained at the facility somehow, the resident could be referred to mental health treatment in the community. However, she said a resident that was found to have perpetrated sexual abuse against another resident would be removed from the facility.

e) CoreCivic policy 14-2 CC states “A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact.” The policy reflects the requirements of this provision of the standard.

f) CoreCivic policy 14-2 CC states “Residents who deliberately allege false claims of sexual abuse may be disciplined. For the purposes of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.” The policy reflects the requirements of this provision of the standard.

g) CoreCivic policy 14-2 CC states “Sexual activity between residents is prohibited in all CoreCivic facilities, and residents may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.” The policy reflects the requirements of this provision of the standard.

Director Interview – The Director said residents may be subject to disciplinary sanctions if there is a substantiated finding in an incident of sexual abuse or sexual harassment involving a resident perpetrator. The sanctions would be progressive based on the resident’s discipline history and consider any mitigating circumstances, such as mental illness or disabilities. In the case of substantiated sexual abuse, the resident would more than likely be removed from the facility. She said residents would only be disciplined for committing sexual offenses against staff that did not consent. Consensual sex acts between residents are prohibited and would result in discipline of the residents. She said there have been no residents

	disciplined for consensual sex acts that violate the disciplinary policy in the last year. Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the provisions of the standard.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which shall be determined by community medical and mental health practitioners according to their professional judgement.” The policy reflects the requirements of this provision of the standard. JRRRC does not have medical or mental health staff. Residents have to be referred to the local hospital for those services. JRRRC has attempted to enter an MOU with Riverside Hospital. The PCM provided an email showing that the MOU was sent to the hospital for review. The Hospital staff said the Hospital would not refuse anyone treatment. JRRRC has not had an allegation of sexual abuse that required a resident to be referred for medical or mental health services during the review period. b) CoreCivic policy 14-2 CC states “If the facility does not have qualified medical or mental health practitioners on staff, security staff first responders shall take preliminary steps to protect the victim.” The policy reflects the requirements of this provision of the standard. Staff Interviews – All staff interviewed said a victim of sexual abuse would be protected until he can be transported to the hospital for medical services. This would be arranged by the shift supervisor through the Duty Officer, PCM or Director. They may be instructed to call 911 to request emergency medical services depending on the circumstances. c) CoreCivic policy 14-2 CC states “Resident victims of sexual abuse shall be offered timely information about and referral for timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.” The policy reflects the requirements of this provision of the standard. d) CoreCivic policy 14-2 CC states “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” The policy reflects the requirements of this provision of the standard.

	The facility responded immediately to a report of sexual abuse and arranged for medical services as required by the standard. Based on the information from interviews, policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “The facility shall offer all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility medical and mental health evaluation and treatment as appropriate.” The policy reflects the requirements of this provision of the standard. JRRC does not have medical or mental health staff. Residents have to be referred to the local hospital for those services. JRRC has attempted to enter an MOU with Riverside Hospital. The PCM provided an email showing that the MOU was sent to the hospital for review. The Hospital staff said the Hospital would not refuse anyone treatment. JRRC has not had an allegation of sexual abuse that required a resident to be referred for medical or mental health services during the review period. b) CoreCivic policy 14-2 CC states “The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.” The policy reflects the requirements of this provision of the standard. c) CoreCivic policy 14-2 CC states “The facility shall provide such victims with medical and mental health services consistent with the community level of care.” The policy reflects the requirements of this provision of the standard. f) CoreCivic policy 14-2 CC states “Resident victims of sexual abuse while incarcerated shall be referred for tests for sexually transmitted infections as medically appropriate.” The policy reflects the requirements of this provision of the standard. g) CoreCivic policy 14-2 CC states “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” The policy reflects the requirements of this provision of the standard. h) CoreCivic policy 14-2 CC states “All known resident-on-resident abusers shall have a documented referral to an appropriate facility for a mental health evaluation

	within 60 days of learning of such abuse history. Referrals for treatment shall be offered when deemed appropriate by mental health practitioners.” The policy reflects the requirements of this provision of the standard. Based on the information from the policies and documents reviewed, this auditor has determined the facility meets the provisions of the standard.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “The PREA Compliance Manager shall ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.” The policy reflects the requirements of this provision of the standard. b) CoreCivic policy 14-2 CC states “Sexual Abuse Incident reviews review shall occur within 30 days of the conclusion of the investigation.” The policy reflects the requirements of this provision of the standard. c) CoreCivic policy 14-2 CC states “In addition to the PREA Compliance Manager, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, and investigators.” The policy reflects the requirements of this provision of the standard. d) CoreCivic policy 14-2 CC states “The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; and Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.” The policy reflects the requirements of this provision of the standard. e) CoreCivic policy 14-2 CC states “The facility shall implement the recommendations for improvement or shall document reasons for not doing so.” The policy reflects the requirements of this provision of the standard. Facility Director Interview – The Director said the SART reviews each PREA investigation within 30 days of the finding. The SART consists of the Assistant Director/PCM/Investigator, Case Manager Supervisor and QA Supervisor. The team

	reviews all completed investigations to determine if there was something that could have been prevented, if the response by staff was appropriate, were there blind spots, or if staff were conducting proper rounds. The team makes recommendations for correction to him for review and approval. Most corrections would have to go through central office. A copy of the form is sent to CoreCivic FSC. She said the incident review team has not completed a review in the last year. There is an ongoing investigation by the Newport News PD that will be reviewed once completed. PCM Interview - The AFD/PCM, that is a member of the incident review team, said the team consists of the PCM/Investigator, Case Manager Supervisor and Quality Assurance Manager. She said there has not been a review in the last year. The team would review all evidence for the case. This may include the review of video evidence in addition to the review of the investigation report and accompanying documents. They may ask staff that were involved in the response to attend the review. They also would review the residents' background and prior allegations, staff response, blind spots, and retaliation monitoring. Recommendations for policy changes, physical plant changes or video monitoring changes are reviewed by the Facility Director and sent to CoreCivic FCS for approval. A form is completed that documents the review and sent to the CoreCivic PREA Coordinator. Based on the information from interviews, policies and documents reviewed, this auditor finds the facility meets the provisions of the standard.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) CoreCivic policy 14-2 CC 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." The policy reflects the requirements of this provision of the standard. PREA Coordinator Interview - The Core Civic PREA Coordinator said there has not been a request from the DOJ for the SSV Summary report for James River Residential Center in the last three years. She said sexual abuse and sexual harassment reporting data is collected each year and used in the CoreCivic Annual PREA Report and can be used for the DOJ SSV report if requested. b-c) CoreCivic policy 14-2 CC 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 policy reflects the requirements of this provision of the standard.

	Document Review – The CoreCivic Annual PREA Reports for 2022, 2023 and 2024 were reviewed at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea. The annual reports compared the current year’s sexual abuse and sexual harassment reporting data to previous years. The data for each incident of sexual abuse and sexual harassment is sent to the CoreCivic PREA Coordinator via the 5-1 CC reporting system. The information reported is the same as the incident forms for the DOJ SSV incident form. James River RRC had one PREA incident reported each year from 2022 to 2024. d) CoreCivic policy 14-2 CC 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.” The policy reflects the requirements of this provision of the standard. e) CoreCivic policy 14-2 CC states “Each facility will ensure that incidents of sexual abuse are entered into the 5-1 CC reporting system as required by CoreCivic Policy 5-1CC Incident Reporting and 5-1 BB Incident Reporting Definitions.” The policy reflects the requirements of this provision of the standard. f) CoreCivic policy 14-2 CC states “Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by that Department.” The policy reflects the requirements of this provision of the standard. The PREA Coordinator said the DOJ has not requested a Survey of Sexual Victimization report for JRRRC. Based on the information from the interview, policies and documents reviewed, this auditor finds the facility meets the provisions of the standard.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion a) CoreCivic policy 14-2 CC 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. CoreCivic will prepare an annual report of findings and corrective actions.” The policy reflects the requirements of this provision of the standard. Document Review – The CoreCivic Annual PREA Reports for 2022, 2023 and 2024 were provided for review. The reports include information about identified problem areas and corrective actions. The reports provided incident data for all prisons and

	community confinement facilities for CoreCivic. Agency Head Interview – The CoreCivic Vice President said PREA data is reviewed on a regular basis and compiled in an annual report. He reviews and approves the annual report. PREA Coordinator Interview -The PREA Coordinator said she gathers PREA data from the facilities and combines it in an annual CoreCivic PREA Report that is posted on the CoreCivic website. b) CoreCivic policy 14-2 CC states “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 policy reflects the requirements of this provision of the standard. Document Review – The CoreCivic Annual PREA Reports for 2022, 2023 and 2024 were provided for review. The annual reports compared the current year’s data to previous years for community corrections facilities. Data for James River RRC was found on the reports. c) CoreCivic policy 14-2 CC states “The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website.” Agency Head Interview – The CoreCivic Vice President said PREA data is reviewed on a regular basis and compiled in an annual report. He reviews and approves the annual report. Document Review – The CoreCivic Annual PREA Reports for 2022, 2023 and 2024 were provided for review. The reports were signed by the Vice President. The annual reports were found at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea on the CoreCivic PREA webpage. d) CoreCivic policy 14-2 CC 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.” The policy reflects the requirements of this provision of the standard. PREA Coordinator Interview – The PREA Coordinator said the annual report does not include the identity or personal and medical information for inmates or staff. No personal information was found on the reports. Based on the interviews, policies and documents reviewed, this auditor finds the facility meets all provisions of this standard.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	a) CoreCivic policy 14-2 CC states “All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records.” PREA Coordinator Interview – The PREA Coordinator said files and information from investigations are retained in the IRD (Incident Report Database). The IRD is a secure database with limited access to authorized staff. Tour Observations – During the tour, the hardcopy investigation files were observed in a locked filing cabinet in a locked office of the PCM. b) CoreCivic policy 14-2 CC 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 policy reflects the requirements of this provision of the standard. Document Review – The CoreCivic Annual PREA Reports for 2022, 2023 and 2024 were provided for review. The annual reports were found at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea on the CoreCivic PREA webpage. c) CoreCivic policy 14-2 CC states “Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.” The policy reflects the requirements of this provision of the standard. Document Review – The CoreCivic Annual PREA Reports for 2021, 2022 and 2023 were provided for review. No personal identifiers were found on the reports. d) CoreCivic policy 14-2 CC states “The agency shall maintain sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.” The policy reflects the requirements of this provision of the standard. A review of the CoreCivic webpage https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea found PREA Annual Reports going back ten years to 2013. Based on the Interviews, policies and documents reviewed, this auditor finds the facility meets all provisions of this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	a) A review of the CoreCivic webpage for James River Residential Center at https://www.corecivic.com/facilities/james-river-residential-center found two PREA audit reports posted for 2022 and 2019. b) CoreCivic has been receiving audits in its facilities every year since 2014. The PREA Coordinator said CoreCivic attempts to have one-third of its facilities audited each year, however the clients may make changes to their audit schedule that prevents CoreCivic from meeting that goal. A state DOC could move the CoreCivic facility audit to correct the state's one-third goal. This is out of CoreCivic's control. h) This auditor was allowed access to all areas of the facility during the facility tour. i) This auditor was provided with all documents requested, either electronic or hard copy. m) This auditor was allowed to interview residents in a private area during the onsite audit. n) Residents were allowed to send confidential correspondence to this auditor. No correspondence was received prior to the onsite audit.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A review of the CoreCivic webpage for James River Residential Reentry Center at https://www.corecivic.com/facilities/james-river-residential-center found two PREA audit reports posted for 2022 and 2019.

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

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

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

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

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

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	no
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

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

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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	no
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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