

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Interim Audit Report: 12/27/2020       N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report: -

### Auditor Information

Name: Noelda Martinez      Email: martinezauditingervices@yahoo.com

Company Name: Martinez Auditing Services, LLC

Mailing Address: P.O. Box 372      City, State, Zip: Beeville, Texas 78102

Telephone: (210) 790-7402      Date of Facility Visit: September 28-30, 2020

### Agency Information

Name of Agency: CoreCivic

Governing Authority or Parent Agency (If Applicable): N/A

Physical Address: 5501 Virginia Way, Suite 110      City, State, Zip: Brentwood, Tennessee 37027

Mailing Address: " "      City, State, Zip: -

The Agency Is:       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

Agency Website with PREA Information: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

### Agency Chief Executive Officer

Name: Damon T. Hininger, President and Chief Executive Officer

Email: Damon.Hininger@corecivic.com      Telephone: (615) 263-3000

### Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs

Email: eric.pierson@corecivic.com      Telephone: (615) 263-6915

PREA Coordinator Reports to:      Number of Compliance Managers who report to the PREA Coordinator:  
Steven Conry, Vice President, Core Services      (68) Indirect

## Facility Information

**Name of Facility:** Nevada Southern Detention Center

**Physical Address:** 2190 E. Mesquite Avenue

**City, State, Zip:** Pahrump, NV 89060

**Mailing Address (if different from above):**

-

**City, State, Zip:** -

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Annual USMS QAR, ODO Inspection, Annual Operations Audit, Annual ICE Audit

### Warden/Jail Administrator/Sheriff/Director

**Name:** Brian Koehn

**Email:** Brian.Koehn@corecivic.com

**Telephone:** (775) 751-4501

### Facility PREA Compliance Manager

**Name:** Brandon Delaney

**Email:** Brandon.Delaney@corecivic.com

**Telephone:** (775) 751-4505

### Facility Health Service Administrator N/A

**Name:** Bonnie Holley

**Email:** Bonnie.Holley@corecivic.com

**Telephone:** (775) 751-4554

Facility Characteristics	
Designated Facility Capacity:	1064
Current Population of Facility:	692
Average daily population for the past 12 months:	707.74
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	37
Average length of stay or time under supervision:	56.29 days
Facility security levels/detainee custody levels:	Maximum Security-Low, Moderate, High
Number of detainees admitted to facility during the past 12 months:	8000
Number of detainees admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	7547
Number of detainees admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2200
Does the facility hold youthful detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful detainees held in the facility during the past 12 months: (N/A if the facility never holds youthful detainees)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold detainees for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds detainees: Select all that apply (N/A if the audited facility does not hold detainees for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with detainees:	233
Number of staff hired by the facility during the past 12 months who may have contact with detainees:	13

Number of contracts in the past 12 months for services with contractors who may have contact with detainees:	36
Number of individual contractors who have contact with detainees, currently authorized to enter the facility:	36
Number of volunteers who have contact with detainees, currently authorized to enter the facility:	28
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether detainees are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house detainees, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of detainee housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house detainees of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows detainees to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	13
Number of single cell housing units:	5
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	8
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	104 males/8 females
In housing units, does the facility maintain sight and sound separation between youthful detainees and adult detainees? (N/A if the facility never holds youthful detainees)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting <b>CRIMINAL</b> investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-detainee or detainee-on-detainee), <b>CRIMINAL INVESTIGATIONS</b> are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for <b>CRIMINAL INVESTIGATIONS</b> : Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting <b>ADMINISTRATIVE</b> investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-detainee or detainee-on-detainee), <b>ADMINISTRATIVE INVESTIGATIONS</b> are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for <b>ADMINISTRATIVE INVESTIGATIONS</b> : Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Prison Rape Elimination Act (PREA) re-certification audit for the Nevada Southern Detention Center in Pahrump, Nevada was conducted on September 29, 2020, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice Prison Rape Elimination Act Certified Auditor. The previous PREA Audit was conducted by David Haasenritter on July 24-26, 2017. The previous auditor issued the facility four exceed standards, 36 met standards and 3 not applicable. The agency contract was secured through Martinez Auditing Services, LLC. The contract described the specific work requirements according to the DOJ standards and PREA auditor handbook to include the pre-audit, onsite audit, and post-audit. The contract was signed by the auditor in 2019 and the assigned auditor[s] executed all duties and responsibilities. The detainee population was 691 on the first day of the audit.

The facility was provided with the pre-audit questionnaire and process map six to eight weeks prior to the audit. The agency was prepared prior to receiving the audit information with all the necessary documentation and forwarded the files through a secure website to the auditor on 8/13/2020. The agency included an email with instructions on retrieving the confidential information. The information received included the pre-audit questionnaire, supporting documentation and master files. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed.

### Notice of Audit

The facility posted the notice of audit with the auditor's information 6-8 weeks prior to the audit in both English and Spanish for detainees to send confidential information or correspondence to the auditor. The auditor verified the notice of audit dated 7/31/2020. Detainees were provided with the opportunity to write the auditor in a confidential manner. The notices were posted throughout the facility to include front lobby, housing areas, detainee work areas, and offices. The auditor observed the notice of audit posted on 7/31/2020 during the site review and through random detainee interviews identifying the notice in both English and Spanish.

### Correspondence

The detainees at the Nevada Southern Detention Center (NSDC) were given the opportunity to write the auditor in a confidential manner, if needed. The auditor interviewed detainees who wrote to the auditor during the onsite portion of the audit in a private and confidential process. During the random detainee interviews, the auditor asked the detainees if they were aware of the Audit Notice with the auditor's information, and the random responses were "yes". During the site review, the auditor randomly asked detainees if they could point out the auditors posted information to ensure it was made available. The information was posted for the detainee population in the housing areas. The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access to any area. The facility administration was transparent with policies, procedures, detainees, and staff interviews. Good communication was established and maintained throughout the duration of the audit.

**Point of Contact:**

A point of contact (POC) was established with the facility prior to the audit and constant communication was maintained. Staff interviews were conducted in an office setting on a one-on-one basis without interruption. The detainee interviews were conducted in the housing area in an office setting with privacy on an individual basis with no issues. During the audit planning and logistics phase, the auditor remained engaged with the administration regarding the audit process, expectations, and logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting the notice of the audit, reviewing facility policies, procedures, and supporting documentation.

**Community Based Victim Services:**

The facility had a Memorandum of Understanding between the Community Action Against Rape-The Rape Crisis Center and CoreCivic of Tennessee, LLC (The Community Action Against Rape in Las Vegas Nevada). The Rape Crisis Center agrees to offer staff a hotline seven-days per week 24/7, to provide crisis intervention services to detainees of the facility affected by sexual abuse; provide the facility with current crisis counselors; maintain confidentiality, and many other services pertaining to the standard. The hotline number is posted throughout the detainee housing areas for easy access and clear visibility to include detainees with disabilities. The PREA form had the following information: Toll-free numbers to report PREA Dial pin \*\*\*\*\* Select #0 then select \*421 for the Las Vegas Rape Crisis Center and for confidential emotional support, \*422 Office of Inspector General and \*423 NSDC in both English and Spanish. The auditor conducted an interview with the Rape Crisis Center PREA Advocate in which the auditor obtained information regarding the MOU and services provided to the NSDC. The PREA Advocate provided information and was very descriptive when informing the auditor about the detainee services provided before COVID and during the current pandemic. The rape crisis center address was available to the detainee population upon request. The PREA signs provided the Rape Crisis phone numbers, however, did not have the Rape Crisis Center address. The auditor and Classification Coordinator/Interim PREA manager discussed the standard to ensure all methods were visibly available to the detainee population. The Classification Coordinator immediately added the Rape Crisis Center address to the PREA signs and updated the sign in each housing unit. The auditor observed the updated signs in both English and Spanish displayed with the Rape Crisis address posted the same day of the site review. All the methods to this standard were made available however, the auditor did suggest visibly adding and displaying the address for easy access.

**Audit Methodology (Pre-Onsite Audit Phase):**

The auditor utilized the U.S Department of Justice's PREA Standards for Prisons and Jails which included the following instruments. The pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: Agency head or designee, Facility director or designee, PREA coordinator, specialized staff, random staff, and detainees; the auditor report template, process map and checklist of documentation. The facility provided the following documentation to the auditor: detainee roster (youthful is any), detainees with disabilities, LEP detainees, LGBTI detainees, detainees who reported sexual abuse, detainees who reported sexual victimization during risk screening, staff roster, specialized staff, all contractors/volunteers who may have contact with detainees, grievances made in the past 12 months, all allegations of sexual abuse/sexual harassment 12 months preceding the audit, all hotline calls made during the 12 months preceding the audit, and community-based or victim advocacy information.

The auditor also used the PREA auditor handbook for continued guidance and reference throughout the audit. The auditor and facility administration maintained constant communication throughout the duration of the audit. The auditor established a positive working relationship with the facility warden and key facility staff engaging in a productive working atmosphere. The warden was receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the warden and staff about the importance to have unfettered access to all areas of the facility, file review of staff, contractors, volunteers, and detainees to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the warden the time frame for the submission of the final PREA report.



The auditor also notified the Warden and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor's code of conduct to the PREA Resource Center. The auditor discussed information regarding the 90-day appeal process.

#### **Litigation/Internet Search:**

The Warden was interviewed and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding the Nevada Southern Detention Center with the following website links and information:

<https://www.8newsnow.com/news/local-news/inmate...>

<https://www.ktnv.com/news/crime/inmate-killed-at-pahrump-detention-center>

<https://www.ice.gov/detention-facility/nevada-southern-detention-center>

#### **Video Surveillance/Security Mirrors:**

The Nevada Southern Detention Center facility had 247 surveillance cameras in the following locations: cell block entry gate, cell block rotunda B/C, cell block rotunda A, AA multipurpose room, dayroom A over podium, A1 recreation, A2 recreation, A perimeter NW A, A perimeter SW D, (4) dayroom A1, (4) dayroom A2, (4) dayroom A3, (4) dayroom A4, lobby visitor waiting A, B, C, D, lobby video visitation, lobby gate, central control, administrator hall, main corridor, sort locker room, attorney rooms, chapel, (2) law library, area, (3) laundry, (2) commissary, (3) warehouse, (3) loading dock, (2) maintenance, central sallyport, milestone rack, (2) B Perimeter, BA recreation, BB recreation, BA east, (3) dayroom BA, BB east, (3) dayroom BB, (3) C perimeter, (2) seg recreation, (8) dayroom C, main corridor D south, entry door warehouse hall, (5) main corridor, F-hallway ice machine, female seg sally entry, female recreation hall exit door, (2) back dock corridor, D/E crash gate, F/G crash gate, G ice machine, (8) kitchen, (2) dry storage, (7) F-1, (7) F-2, (7) F-3, (7) F-4, (2) Female seg, female recreation hall entry door, female recreation, (6) G-1, G-A dayroom 1D, (7) G-2, (7) G-3, (7) G-4, E/F gate, (7) Intake, (2) property storage, (6) medical, (10) multi-purpose, (9) A perimeter, (9) B perimeter, Vehicle sally interior exit gate PTZ, loading dock A, (5) Vehicle Sally, (4) Inside Vehicle, (4) perimeter, (8) perimeter zones, (5) G perimeter, and (10) pedestrian sally exit. Additional security mirrors were displayed in the following areas for the overall safety of the staff and detainee population: (1) front lobby, (1) lobby visitation area, (1) main hallway, (1) kitchen, (2) commissary, and (2) laundry.

#### **On-Site Audit Phase:**

The site review was conducted on 9/28/2020 and the introductory meeting was held with the Warden and the Classification Coordinator/Interim PREA Coordinator. The auditor and warden discussed the logistics of a workspace to conduct staff and detainee interviews to include file reviews. The requested files for staff and detainees were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the Chief of Operations, Captain and Classification Coordinator/Interim PREA Coordinator for the site review.

The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent three days on the unit to observe and assess the day-to-day operations of the facility staff interaction and promotion of the overall safety. During the site review, the auditor conducted informal interviews with staff and the detainee population in the following areas: Central Control, Lobby (check-in and metal detector), Visitation, Administration, Chapel, Shelf Space, Laundry, Female Restrictive Housing Unit (RHU) Recreation, Female Restrictive Housing Unit, F1, F3, G3, G4, F4, F2, Maintenance, Warehouse, Food Service, Property, Intake, Medical, AA, CA, and pod control. Employees interviewed during the site review were able to describe the process in a consistent manner and received training as first responders. The correctional staff carry a first responder card with their duties and responsibilities. The auditor observed the areas for cross-gender announcements in housing units, cross-gender viewing in housing areas, grievance boxes in housing units, PREA zero-tolerance posters/third party reporting, notice of audit, access to reporting entities, housing activity, inmate activity, search areas, restroom and shower procedures, privacy screens, staffing ratios, security mirrors, surveillance cameras, working telephones, and supervision practices.



### Site Review/Locations:

The following information describes the areas observed by the auditor during the site review which included: Central Control, Lobby (check-in and metal detector), Visitation, Administration, Chapel, Shelf Space, Laundry, Female Restrictive Housing Unit (RHU) Recreation, Female Restrictive Housing Unit, F1, F3, G3, G4, F4, F2, Maintenance, Warehouse, Food Service, Property, Intake, Medical, AA, CA, and pod control. The facility had surveillance monitoring technology throughout the facility in all areas to prevent and eliminate blind spots. The Nevada Southern Detention Center facility had 247 surveillance cameras in the following locations: cell block entry gate, cell block rotunda B/C, cell block rotunda A, AA multipurpose room, dayroom A over podium, A1 recreation, A2 recreation, A perimeter NW A, A perimeter SW D, (4) dayroom A1, (4) dayroom A2, (4) dayroom A3, (4) dayroom A4, lobby visitor waiting A, B, C, D, lobby video visitation, lobby gate, central control, administrator hall, main corridor, sort locker room, attorney rooms, chapel, (2) law library, area, (3) laundry, (2) commissary, (3) warehouse, (3) loading dock, (2) maintenance, central sallyport, milestone rack, (2) B Perimeter, BA recreation, BB recreation, BA east, (3) dayroom BA, BB east, (3) dayroom BB, (3) C perimeter, (2) seg recreation, (8) dayroom C, main corridor D south, entry door warehouse hall, (5) main corridor, F-hallway ice machine, female seg sally entry, female recreation hall exit door, (2) back dock corridor, D/E crash gate, F/G crash gate, G ice machine, (8) kitchen, (2) dry storage, (7) F-1, (7) F-2, (7) F-3, (7) F-4, (2) Female seg, female recreation hall entry door, female recreation, (6) G-1, G-A dayroom 1D, (7) G-2, (7) G-3, (7) G-4, E/F gate, (7) Intake, (2) property storage, (6) medical, (10) multi-purpose, (9) A perimeter, (9) B perimeter, Vehicle sally interior exit gate PTZ, loading dock A, (5) Vehicle Sally, (4) Inside Vehicle, (4) perimeter, (8) perimeter zones, (5) G perimeter, and (10) pedestrian sally exit. Additional security mirrors were displayed in the following areas for the overall safety of the staff and detainee population: (1) front lobby, (1) lobby visitation area, (1) main hallway, (1) kitchen, (2) commissary, and (2) laundry. The auditor reviewed the surveillance cameras in several different areas at different times. The surveillance cameras provided a clear view into the housing areas and different locations reviewed. There were no cameras observed by the auditor in direct view of a shower or toilet area.

The auditor observed the PREA signs in both English and Spanish displayed on the walls for the detainee population throughout the entire facility. The facility had the signs displayed in a wooden frame with extra PREA information in both English and Spanish in different locations inside the housing unit for all residents see clearly. The language sign was posted in the housing areas for detainees with LEP. The following information was displayed: Prison Rape Elimination Act (Rape Crisis Center) toll free number to report PREA, including a pin and instructions on how to make the call. The Rape Crisis toll-free number and address were displayed on the signs for the detainee population near the phones for accessibility. The auditor observed bulletins boards from the front lobby all throughout the facility with following signs: Ethics line, First Responder Duties, PREA signs, and ICE detention reporting process. The auditor observed a Notice in the front lobby/visitation area with the following information in both English/Spanish: CCA has mandated Zero-Tolerance towards all forms of Sexual Abuse and Sexual Harassment. Sexual activity between inmate/residents' employee/civilians or contractors regardless of consensual status is prohibited and is subject to criminal charges. Any sexual activity will be reported directly to the warden of the facility. Ref: Policy 14-2 PREA/ PREA National Standards-Title 28 of the Code of Federal Regulations. Part 115.

The Nevada Southern Detention Center site review was conducted by the auditor on 9/28/2020. The Chief of Security and Classification Coordinator/Interim PREA Coordinator escorted the auditor during the site review providing information and unfettered access to the auditor with no hesitation. The auditor observed the parking lot and outside location to include the security perimeter, surveillance cameras, security mirrors, working gates and the identification process upon entering the facility. The auditor was required to wear a mask due to the COVID-19 pandemic to include all employees, visitors, and detainee population. The auditor's temperature was checked upon entrance, a questionnaire was filled out and upon clearance continued through the metal detector, identification process and search procedure. The auditor was required to sign in, provide identification as part of the security operations. The auditor left the ID in exchange for a badge ID number. The auditor walked through administration building which was composed of the command post/conference room, administration offices, staff restrooms, employee break area with the PREA signs and third-party notices displayed. The notice of audit was dated 7/31/2020 in the hallway in both English and Spanish for all employees and detainees. The auditor observed surveillance cameras and security mirrors in the hallways.

The employee restrooms had the PREA signs displayed and the PREA signs were also in the main hallway in both English and Spanish. The auditor randomly opened mechanical rooms and closets observed to be free of clutter, with good lighting and limited key access.

The following information describes the areas observed by the auditor during the site review which included: Central Control, Lobby (check-in and metal detector), Visitation, Administration, Chapel, Shelf Space, Laundry, Female Restrictive Housing Unit (RHU) Recreation, Female Restrictive Housing Unit, F1, F3, G3, G4, F4, F2, Maintenance, Warehouse, Food Service, Property, Intake, Medical, AA, CA, and pod control. The facility had COVID restricted housing areas and some housing locations were physically walked through and observed, and some housing areas were observed through live video surveillance views for the safety of detainees and staff at the facility and minimize the potential spread of COVID. The auditor adhered to all CDC COVID safety measures and procedures during the entire audit process.

The Central Control had information boards with PREA signs in both English and Spanish, Notice of Audit dated 7/31/2020 in both English and Spanish. The auditor conducted a camera review of different housing locations and the surveillance cameras had a 30-day retention and are serviced through milestone. The Chief of Security and Captain are authorized to view and record for investigative purposes. Video Surveillance/Security Mirrors: The Nevada Southern Detention Center facility had 247 surveillance cameras in the following locations: cell block entry gate, cell block rotunda B/C, cell block rotunda A, AA multipurpose room, dayroom A over podium, A1 recreation, A2 recreation, A perimeter NW A, A perimeter SW D, (4) dayroom A1, (4) dayroom A2, (4) dayroom A3, (4) dayroom A4, lobby visitor waiting A, B, C, D, lobby video visitation, lobby gate, central control, administrator hall, main corridor, sort locker room, attorney rooms, chapel, (2) law library, area, (3) laundry, (2) commissary, (3) warehouse, (3) loading dock, (2) maintenance, central sallyport, milestone rack, (2) B Perimeter, BA recreation, BB recreation, BA east, (3) dayroom BA, BB east, (3) dayroom BB, (3) C perimeter, (2) seg recreation, (8) dayroom C, main corridor D south, entry door warehouse hall, (5) main corridor, F-hallway ice machine, female seg sally entry, female recreation hall exit door, (2) back dock corridor, D/E crash gate, F/G crash gate, G ice machine, (8) kitchen, (2) dry storage, (7) F-1, (7) F-2, (7) F-3, (7) F-4, (2) Female seg, female recreation hall entry door, female recreation, (6) G-1, G-A dayroom 1D, (7) G-2, (7) G-3, (7) G-4, E/F gate, (7) Intake, (2) property storage, (6) medical, (10) multi-purpose, (9) A perimeter, (9) B perimeter, Vehicle sally interior exit gate PTZ, loading dock A, (5) Vehicle Sally, (4) Inside Vehicle, (4) perimeter, (8) perimeter zones, (5) G perimeter, and (10) pedestrian sally exit. Additional security mirrors were displayed in the following areas for the overall safety of the staff and detainee population: (1) front lobby, (1) lobby visitation area, (1) main hallway, (1) kitchen, (2) commissary, and (2) laundry.

The Administration building consisted department head and offices with bulletin boards including PREA information displayed in both English and Spanish. Lobby Area: The auditor entered the facility through the front lobby and was asked the COVID questions upon arrival. Front lobby staff then took the auditors temperature and once cleared proceeded to walk through the metal detector and search area. The auditor placed all items through the scanner and cleared the metal detector. The auditor was required to present ID and sign in and out on a daily basis. The auditor observed a large bulletin board with an excessive amount of PREA information, ICE detainees, USMS detainees, Third-party reporting/Ethics line, and other PREA literature. The Notice of Audit was posted in both English and Spanish dated 7/31/2020. The front lobby was observed to have two surveillance cameras, 1 security mirror and non-contact visitation area. The visitation area is non-contact, and no strip searches are conducted. The PREA information was posted in both English and Spanish, Notice of Audit 7/31/2020. The visitation monitors allow 4 visitors per system, 1 camera was located, and visitation restrooms were available in the front. The auditor observed the following closets D108 mop closet and D109 electrical/camera closet. The PREA videos are shown on a daily basis in both English and Spanish and a daily log is maintained and documented.

Chapel room capacity was 88: Chapel/Religious services are provided in the multipurpose room for detainees. There was one surveillance cameras located in the chapel. The PREA signs and Notice of Audit dated 7/30/2020 were displayed in both English and Spanish. There were no restrooms in the chapel. The auditor reviewed volunteer applications and packet checklist of volunteer trainings.

Laundry Department E126 had the PREA signs displayed in both English and Spanish to include the Notice of Audit dated 7/31/2020. The auditor observed surveillance cameras in the location and open layout with visibility in the work area. The female employee explained the female detainee strip search process in a private setting one at a time with no male staff present. The male staff was announced verbally announce the opposite gender announcement prior to entering the laundry department. The laundry department had three washers, four dryers and a security mirror covering any potential blind spots. The auditor conducted informal interviews with detainees in the work area. E132 is the clothing room and had one surveillance camera in the area. The auditor observed 4 detainee workers and one staff member in the laundry area.

Food Service Department: The auditor observed cameras and security mirrors positioned throughout the kitchen area. The auditor observed the dining room with PREA signs in both English and Spanish, officer dining area, coolers, freezers, dry storage areas, dish room, tool room, supervision, and detainee workers. The Notice of Audit was posted and dated 7/31/2020 in both English and Spanish. The food service department had nine Trinity staff workers and five detainee workers. The warehouse E122- had 5 cameras in the area, notice of audit posted, one supervisor, two employees, and two security mirrors. There were nine detainees working the area and only pat searches were conducted. E127 detainee restroom had a film like frost for privacy with the restroom labeled.

CA Male Restrictive Housing Unit designated capacity 102 (2 constant watch, 22 cells bottom tier, 28 cell top tier, 52 total cells and 6 showers). The PREA signs and third-party notices were displayed in hallways, housing areas, work areas and by the phones in both English and Spanish. The notice of audit was dated 7/31/2020 in displayed through the facility and housing locations in both English and Spanish for all employees and detainees to view. The auditor observed surveillance cameras and security mirrors throughout the facility with no cross-gender viewing and privacy screens, shower, curtains, barriers, half walls, and doors for privacy. The cameras had blocked areas (black square blocking any view in the cameras) for prevention of cross-gender viewing and privacy. The FSC in Cooperate and legal services have the ability to unblock in the event of a sexual abuse investigation with authorized access. The auditor observed the opposite gender staff verbally announce themselves prior to entering the form during the onsite portion of the audit. The auditor observed working pay phones in the housing area, two security mirrors, recreation areas/multi-purpose rooms, Televisions, games, tables, seating, supervision of staff, grievance process, mail and medical boxes, privacy in the showers and restroom areas from opposite gender viewing. The auditor observed detainees recreating in the dayroom, watching TV, playing games, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access.

F2 Male ICE Dorm with a designated capacity of 96 (48 double bunks, 5 toilets, 3 urinals, and 8 showers). The PREA signs and third-party notices were displayed in hallways, housing areas, work areas and by the phones in both English and Spanish. The notice of audit was dated 7/31/2020 in displayed through the facility and housing locations in both English and Spanish for all employees and detainees to view. The auditor observed surveillance cameras and security mirrors throughout the facility with no cross-gender viewing and privacy screens, shower, curtains, barriers, half walls, and doors for privacy. The cameras had blocked areas (black square blocking any view in the cameras) for prevention of cross-gender viewing and privacy. The FSC in Cooperate and legal services have the ability to unblock in the event of a sexual abuse investigation with authorized access. The auditor observed the opposite gender staff verbally announce themselves prior to entering the form during the onsite portion of the audit. The auditor observed working pay phones in the housing area, two security mirrors, recreation areas/multi-purpose rooms, Televisions, games, tables, seating, supervision of staff, grievance process, mail and medical boxes, privacy in the showers and restroom areas from opposite gender viewing. The auditor observed detainees recreating in the dayroom, watching TV, playing games, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access.

G2 Male USMS Dorm with a designated capacity of 96 (48 double bunks, 5 toilets, 3 urinals, and 8 showers). The PREA signs and third-party notices were displayed in hallways, housing areas, work areas and by the phones in both English and Spanish. The notice of audit was dated 7/31/2020 in displayed through the facility and housing locations in both English and Spanish for all employees and detainees to view.

The auditor observed surveillance cameras and security mirrors throughout the facility with no cross-gender viewing and privacy screens, shower, curtains, barriers, half walls, and doors for privacy. The cameras had blocked areas (black square blocking any view in the cameras) for prevention of cross-gender viewing and privacy. The FSC in Cooperate and legal services have the ability to unblock in the event of a sexual abuse investigation with authorized access.

The auditor observed the opposite gender staff verbally announce themselves prior to entering the form during the onsite portion of the audit. The auditor observed working pay phones in the housing area, two security mirrors, recreation areas/multi-purpose rooms, Televisions, games, tables, seating, supervision of staff, grievance process, mail and medical boxes, privacy in the showers and restroom areas from opposite gender viewing. The auditor observed detainees recreating in the dayroom, watching TV, playing games, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access. The shower windows had a frost like film on the windows prohibiting any view from cross-gender viewing into the restroom areas. The auditor reviewed video surveillance from the control room in G2, G2 multipurpose room, G2 recreation, G2 dayroom 2, G2 dayroom 1D, G2 dayroom 1A, G2 dayroom 1B, and G2 dayroom 1C during the onsite portion of the audit.

G4 Male USMS Dorm with a designated capacity of 96 (48 double bunks, 5 toilets, 3 urinals, and 8 showers). The PREA signs and third-party notices were displayed at the entrance, housing areas, work areas and by the phones in both English and Spanish. The notice of audit was dated 7/31/2020 in displayed through the facility and housing locations in both English and Spanish for all employees and detainees to view. The auditor observed surveillance cameras and security mirrors throughout the facility with no cross-gender viewing and privacy screens, shower, curtains, barriers, half walls, and doors for privacy. The cameras had blocked areas (black square blocking any view in the cameras) for prevention of cross-gender viewing and privacy. The FSC in Cooperate and legal services have the ability to unblock in the event of a sexual abuse investigation with authorized access. The auditor observed the opposite gender staff verbally announce themselves prior to entering the form during the onsite portion of the audit. The auditor observed working pay phones in the housing area, two security mirrors, recreation areas/multi-purpose rooms, Televisions, games, tables, seating, supervision of staff, grievance process, mail and medical boxes, privacy in the showers and restroom areas from opposite gender viewing. The auditor observed detainees recreating in the dayroom, watching TV, playing games, utilizing the shower areas in the back, using the phones, The Rape Crisis Center information phone number and addresses posted right by the phones for easy access. The auditor tested had a detainee test the Hotlines in Spanish during the onsite portion of the audit. The auditor observed six working phones in the housing location with PREA information displayed for ICE/USMS detainees in English and Spanish.

The Medical Department had a constant watch, 2-isolation, 4-single bunk cells and 3 showers. The PREA signs and third-party notices were displayed at the entrance, and by the phones in both English and Spanish. The notice of audit was dated 7/31/2020 in displayed through medical department in both English and Spanish for all employees and detainees to view. The auditor reviewed the medical holding cells in the medical department. The staff break rooms had the third-party notice and PREA signs displayed in both English and Spanish. The detainee waiting area had the PREA signs displayed in both English and Spanish. The medical department had a Health Services Administrator, Nurse Supervisor, Doctor, and nurses during the onsite portion of the audit.

The auditor observed surveillance cameras and security mirrors throughout the facility with no cross-gender viewing and privacy screens, shower, curtains, barriers, half walls, and doors for privacy. The cameras had blocked areas (black square blocking any view in the cameras) for prevention of cross-gender viewing and privacy. The FSC in Cooperate and legal services have the ability to unblock in the event of a sexual abuse investigation with authorized access.

Female Restrictive Housing Unit (RHU) F119E was vacant at the time of the audit. The RHU had 2 bunk cells, 4 bottom cell tier, 4 total cells and 1 shower. The bathrooms and shower areas had privacy screens and barriers for prevention of cross-gender viewing. The PREA information was posted and displayed in both in English and Spanish.



F1 Male USMS Dorm had a designated capacity 88 (44 double bunks, 11 toilets, and 8 showers). This dorm is utilized as the high risk/USMS with 13 detainees classified as high-risk status. The PREA signs and third-party notices were displayed at the entrance, housing areas, work areas and by the phones in both English and Spanish. The notice of audit was dated 7/31/2020 in displayed through the facility and housing locations in both English and Spanish for all employees and detainees to view.

The auditor observed surveillance cameras and security mirrors throughout the facility with no cross-gender viewing and privacy screens, shower, curtains, barriers, half walls, and doors for privacy. The cameras had blocked areas (black square blocking any view in the cameras) for prevention of cross-gender viewing and privacy. The FSC in Cooperate and legal services have the ability to unblock in the event of a sexual abuse investigation with authorized access. The auditor observed the opposite gender staff verbally announce themselves prior to entering the form during the onsite portion of the audit. The shower and restrooms had half walls, handicap stalls, 7 restrooms with doors, 10 restroom stalls with doors, 1 shower with private curtain, 8 sinks and a half wall. The area had a watch tour with 30-minute checks by staff. The recreation area was observed by the auditor. Opposite gender announcements were observed by the auditor upon entrance with frosted like film on the windows preventing cross-gender viewing. Six working phones were observed in the areas with the Rape Crisis Center information displayed. The recreation/dayroom area had four televisions for detainee use.

F3 Female ICE dorm had a capacity of 96 (48 double bunks, 5 toilets, 3 urinals, and 8 showers). The PREA signs and third-party notices were displayed in hallways, housing areas, work areas and by the phones in both English and Spanish. The notice of audit was dated 7/31/2020 in displayed through the facility and housing locations in both English and Spanish for all employees and detainees to view. The auditor observed surveillance cameras and security mirrors throughout the facility with no cross-gender viewing and privacy screens, shower, curtains, barriers, half walls, and doors for privacy. The cameras had blocked areas (black square blocking any view in the cameras) for prevention of cross-gender viewing and privacy. The FSC in Cooperate and legal services have the ability to unblock in the event of a sexual abuse investigation with authorized access. The auditor observed the opposite gender staff verbally announce themselves prior to entering the form during the onsite portion of the audit. The auditor observed working pay phones in the housing area, two security mirrors, recreation areas/multi-purpose rooms, Televisions, games, tables, seating, supervision of staff, grievance process, mail and medical boxes, privacy in the showers and restroom areas from opposite gender viewing. The auditor observed detainees recreating in the dayroom, watching TV, playing games, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access. Informal interviews were conducted with detainees during the onsite portion of the audit. There was a frost line film on the windows preventing any view from any staff for privacy. The auditor observed 6 phones and had the phone lines tested by a detainee. After the connection was made the PREA auditor spoke with the outside support services and was advised that detainees could report sexual abuse or sexual harassment, take reports and report to the facility, and Advocacy services (12:51 PM).

G3 Male USMS dorm with a designated capacity 96 (48 double bunks, 5 toilets, 3 urinals, and 8 showers) The PREA signs and third-party notices were displayed in hallways, housing areas, work areas and by the phones in both English and Spanish. The notice of audit was dated 7/31/2020 in displayed through the facility and housing locations in both English and Spanish for all employees and detainees to view. The auditor observed surveillance cameras and security mirrors throughout the facility with no cross-gender viewing and privacy screens, shower, curtains, barriers, half walls, and doors for privacy.

The cameras had blocked areas (black square blocking any view in the cameras) for prevention of cross-gender viewing and privacy. The FSC in Cooperate and legal services have the ability to unblock in the event of a sexual abuse investigation with authorized access. The auditor observed the opposite gender staff verbally announce themselves prior to entering the form during the onsite portion of the audit. The auditor observed working pay phones in the housing area, two security mirrors, recreation areas/multi-purpose rooms, Televisions, games, tables, seating, supervision of staff, grievance process, mail and medical boxes, privacy in the showers and restroom areas from opposite gender viewing.

The auditor observed detainees recreating in the dayroom, watching TV, playing games, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access. Informal interviews were conducted with detainees during the onsite portion of the audit.

Intake Department had 4 single cells, 2 waiting cells and 3 holding cells with 4 showers. The auditor observed one Sergeant and one Lieutenant and two correctional officers. The single cell had a curtain and blocks on the surveillance cameras with no view in the urinals to include dividers for privacy. The PREA Risk assessments were conducted by the case managers in office 224 with privacy upon arrival on a one-on-one basis. The auditor observed surveillance cameras and phones. The following were holding cells observed: D233, D232, D231, D230, D229, D220 and D222. The TTY for deaf inmates were located in the medical department as needed. CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. Inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the inmate/detainee shall be provided when simply written or oral communication is not effective.

The TTY phone is located in the medical nursing station with a label on the cabinet door “TTY phone” for easy accessibility. The language identification guide is located throughout the facility in the housing areas which provides access to over-the-phone interpreting 24 hours a day, 7 days a week. This guide is offered face-to-face to determine which language a person speaks. Languages listed on the language guide consist of Europe, Pacific Islands, North America, South America, Caribbean, India, Pakistan, Southwest Asia, Africa, and Middle East. The agency had a staff interpreter list with staff that can interpret French, German, Italian, Spanish, Sign language and other. There were no inmates/detainees in the intake area during the onsite portion of the audit. The intake area had privacy screens for searches with no cross-gender viewing. The shower areas and restrooms had privacy and prevention from opposite gender viewing. The auditor observed the property room D-234 and five surveillance cameras throughout the area. The PREA signs and third-party notices were displayed in hallways, housing areas, work areas and by the phones in both English and Spanish. The notice of audit was dated 7/31/2020 in displayed through the facility and housing locations in both English and Spanish for all employees and detainees to view.

The Nevada Southern Detention Center designated capacity was 1064 with an onsite detainee population of 691 on 9/28/2020. The auditor walked through the main entrance where all staff were required to present identification. A workspace was provided for the auditor to conduct staff and inmate interviews to include the file reviews. The requested files for staff and detainee were made available to the auditor upon request with no hesitation or delay.

Employee Files: The auditor reviewed a total of 13 PREA Audit-Adult Prisons & Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit.

Inmate Files: The auditor reviewed a total of 16 PREA Audit-Adult Prisons & Jails Documentation Review Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 691 on 9/28/2020.

Investigation Review: The facility had a total of 20 criminal and or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. The auditor reviewed the investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations reviewed provided a description, status and type of investigation completed.

Description	Status	Type
EOI SH	Unsubstantiated	Law Enforcement
EOI SH	Unfounded	Internal/Law Enforcement
EOI SH	Unsubstantiated	Internal/Law Enforcement
EOI SA	Unfounded	Internal/Law Enforcement



IOI SA	Unsubstantiated	Internal/Law Enforcement
EOI SH	Unfounded/Anonymous	Internal
EOI SA-V	Unsubstantiated	Internal
EOI SH	Unfounded	Internal/Law Enforcement
EOI SH	Unfounded	Internal/Law Enforcement
EOI SA-V	Unfounded	Internal

The information provided to the auditor included the following: PREA audit questionnaire, Auditor compliance tool, Instructions for PREA site review, Investigations, Sexual abuse screening tool, Nevada Southern Detention Center PREA policy, Educational materials, Training curriculums, Organizational charts, Posters, Brochures, Reports, Inmate population, Agreements, Community based contact information, Facility layout, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards.

**Staff/Detainee Interviews:**

The auditor conducted the staff and detainee interviews on September 28, 2020 through October 1, 2020, in a private setting on an individual basis with no distractions or delays.

Staff Category	Interviews
Specialized Staff Total	24
Random Sample of Staff Total	16
Total Staff Interviews	40
Specialized Staff	
Warden or Designee	1
PREA Compliance Manager	1
PREA Coordinator/Agency Contract Administrator	1
Intermediate or higher-level facility staff	3
Line staff who supervise youthful inmates; if any	0
Education and program staff who work with youthful inmates, if any;	0
Medica/Mental Health Staff	2
Administrative (Human Resources) Staff	1
SAFE/SANE	Offsite
Volunteers and Contractors who have contact with inmates	5
Investigative Staff	3
Staff who perform screening for risk of victimization and abusiveness;	1
Staff who supervise inmates in segregated housing	1
Staff on the incident review team/Designated staff member charged with monitoring for retaliation/	1
First Responders security/non-security	3
Intake	1

## **Detainee Interviews:**

The auditor conducted the inmate interviews on September 28, 2020 through October 1, 2020. The auditor selected a geographically diverse sample of male/female detainees from different housing units and detainees who met the criteria for the targeted interviews to ensure a fair overall selection. The Nevada Southern Detention Center population on the first day of the audit was 691.

Detainee Category Male/Female Interviews	Interviews
Number of Random detainee interviews	16
Number of Targeted detainee interviews	12
Total number of detainee interviews	28
Targeted detainee interviews	12
Youthful	0
Detainees with a physical disability	1
Detainees who are LEP	2
Detainees who identify as LGB	2
Detainees who identify as T/I	4T
Detainees in segregated housing for high risk of sexual victimization	0
Detainees who reported a sexual abuse	5
Detainees who reported sexual victimization during risk screening	2

The detainee interviews were conducted in an office setting on an individual basis with privacy and enough time. The detainees were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The detainees interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. An exit meeting was held on 10/1/2020 with the NSDC Administration to discuss the overall audit process. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies, and procedures. The facility was prepared with primary documentation to include resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and inmate interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility.

The previous PREA Audit was conducted by David Haasenritter on July 24-26, 2017. The previous auditor issued the facility four exceed standards, 36 met standards and 3 not applicable. During the re-certification audit conducted on September 28 through October 1, 2020 by Noelda Martinez, and the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period after the required corrective action for standards 115.86 (a/b). The facility was determined to have four exceed standards: 115.11, 115.33, 115.51 and 115.54. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the detainee, detainee or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Nevada Southern Detention Center is located at 2190 E. Mesquite Avenue in Pahrump, NV 89060. The Nevada Southern Detention Center customer base is U.S. Marshals Service and U.S. Immigration and Customs Enforcement, and the Facility type is a medium and has been owned by CoreCivic since 2010. The facility Warden was assigned to the NSDC in September of 2018. The facility has been accredited within the past 3 years for ACA and NCCHC. The facility internal audits consist of Annual USMS QAR, ODO Inspection, Annual Operations Audit and Annual ICE Audit. The facility designated capacity was 1064 and a current population of 691 (both male/female detainees). The average daily population for the past 12 months was 707.74. The facility does not house youthful detainees at NSDC. The number of staff currently employed by the facility who may have contact with inmates: 233. The number of staff hired by the facility during the past 12 months who may have contact with inmates: 13. Number of contracts in the past 12 months for services with contactors who may have contact with inmates: 36. Number of volunteers who have contact with inmates, currently authorized to enter the facility: 28. Number of buildings: 1 and number of inmate housing units: 13.

The current detainee population was 691 (both male/female detainees) during the onsite portion of the audit on September 28, 2020. The following information describes the areas observed by the auditor during the site review which included: Central Control, Lobby (check-in and metal detector), Visitation, Administration, Chapel, Shelf Space, Laundry, Female Restrictive Housing Unit (RHU) Recreation, Female Restrictive Housing Unit, F1, F3, G3, G4, F4, F2, Maintenance, Warehouse, Food Service, Property, Intake, Medical, AA, CA, and pod control.

The facility had surveillance monitoring technology throughout the facility in all areas to prevent and eliminate blind spots. The Nevada Southern Detention Center facility had 247 surveillance cameras in the following locations: cell block entry gate, cell block rotunda B/C, cell block rotunda A, AA multipurpose room, dayroom A over podium, A1 recreation, A2 recreation, A perimeter NW A, A perimeter SW D, (4) dayroom A1, (4) dayroom A2, (4) dayroom A3, (4) dayroom A4, lobby visitor waiting A, B, C, D, lobby video visitation, lobby gate, central control, administrator hall, main corridor, sort locker room, attorney rooms, chapel, (2) law library, area, (3) laundry, (2) commissary, (3) warehouse, (3) loading dock, (2) maintenance, central sallyport, milestone rack, (2) B Perimeter, BA recreation, BB recreation, BA east, (3) dayroom BA, BB east, (3) dayroom BB, (3) C perimeter, (2) seg recreation, (8) dayroom C, main corridor D south, entry door warehouse hall, (5) main corridor, F-hallway ice machine, female seg sally entry, female recreation hall exit door, (2) back dock corridor, D/E crash gate, F/G crash gate, G ice machine, (8) kitchen, (2) dry storage, (7) F-1, (7) F-2, (7) F-3, (7) F-4, (2) Female seg, female recreation hall entry door, female recreation, (6) G-1, G-A dayroom 1D, (7) G-2, (7) G-3, (7) G-4, E/F gate, (7) Intake, (2) property storage, (6) medical, (10) multi-purpose, (9) A perimeter, (9) B perimeter, Vehicle sally interior exit gate PTZ, loading dock A, (5) Vehicle Sally, (4) Inside Vehicle, (4) perimeter, (8) perimeter zones, (5) G perimeter, and (10) pedestrian sally exit. Additional security mirrors were displayed in the following areas for the overall safety of the staff and detainee population: (1) front lobby, (1) lobby visitation area, (1) main hallway, (1) kitchen, (2) commissary, and (2) laundry. The auditor reviewed the surveillance cameras in several different areas at different times. The surveillance cameras provided a clear view into the housing areas and different locations reviewed. There were no cameras observed by the auditor in direct view of a shower or toilet area.

The facility had Medical and Mental Health Services provided onsite observed during the site review and interviews with staff determined the level of care to reflect community level care. Sexual Assault medical exams are conducted at the Dessert View Hospital in Pahrump NV.

The facility had an MOU with the Nye County Sheriff's Office for the external investigative entity. The facility had four administrative facility investigators onsite.

The facility website is: <https://www.corecivic.com/facilities/nevada-southern-detention-center>. The facility PREA information is listed on the website and the Compliance Manager is Raye Swinea, Classification Coordinator. The last PREA audit was conducted on July 24-26, 2017.

**Facility PREA Information:** The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003). Learn more

Compliance Manager: Raye Swinea, Classification Coordinator

- Third Party Reporting Method(s):
- Call: Nevada Southern Detention Center at 775-751-4504
- For United States Marshal Service inmates call
- Toll Free Number 1-280-869-4499 Department of Justice
- For ICE detainees call the ICE Detention Reporting and Information Line: 1-888-351-4024

*Write: Warden's Office*

*Nevada Southern Detention Center  
2190 East Mesquite Ave  
Pahrump, NV 89060*

- United States Marshal Service

Office of Inspector General  
950 Pennsylvania Ave, Room 4706  
Washington, DC 20537

CALL: CoreCivic Ethics and Compliance Hotline: 1-800-461-9330, or [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline)

Facility PREA Policy (14-2): [Download](#)

PREA Audit Date or Scheduled Audit Date: July 24-26, 2017

PREA Audit Report: [Download](#)

PREA Audit Date or Scheduled Audit Date: March 2-4, 2015

PREA Audit Report: [Download](#)

CoreCivic's Mission Statement: Our purpose to help government better the public good, Our mission: we help government better the public good through: CoreCivic Safety-we operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community: we deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties-we offer innovative and flexible real estate solutions that provide value to government and the people they serve.

## Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

**Number of Standards Exceeded:** 4

**List of Standards Exceeded:**

- §115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- §115.33 – Inmate Education
- §115.51 – Inmate Reporting
- §115.54 – Third-Party Reporting

### Standards Met

**Number of Standards Met:**

- §115.12 - Contracting with other entities for the confinement of inmates
- §115.13 – Supervision and Monitoring
- §115.14 – Youthful Inmates
- §115.15 – Limits to Cross-Gender Viewing and Searches (Observation-Training)
- §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient
- §115.17 – Hiring and Promotion Decisions
- §115.18 – Upgrades to Facilities and Technology
- §115.21 – Evidence Protocol and Forensic Medical Examinations
- §115.22 – Policies to Ensure Referrals of Allegations for Inv
- §115.31 – Employee Training
- §115.32 – Volunteer and Contractor Training
- §115.34 – Specialized Training: Investigations
- §115.35 – Specialized training: Medical and mental health care
- §115.41 – Screening for Risk of Victimization and Abusiveness
- §115.42 – Use of Screening Information
- §115.43 – Protective Custody
- §115.52 – Exhaustion of Administrative Remedies
- §115.53 – Inmate Access to Outside Confidential Support Services
- §115.61 – Staff and Agency Reporting Duties
- §115.62 – Agency Protection Duties
- §115.63 – Reporting to Other Confinement Facilities
- §115.64 – Staff First Responder Duties
- §115.65 – Coordinated Response
- §115.66 – Preservation of ability to protect inmates from contact with abusers
- §115.67 - Agency Protection Against Retaliation
- §115.68 – Post-Allegation Protective Custody
- §115.71 – Criminal and Administrative Agency Investigations
- §115.72 – Evidentiary Standard for Administrative Investigations
- §115.73 – Reporting to Inmate (Observations-Training)
- §115.76 – Disciplinary sanctions for staff
- §115.77 – Corrective action for contractors and volunteers
- §115.78 – Disciplinary sanctions for inmates
- §115.81 – Medical and mental health screenings; the history of sexual abuse
- §115.82 – Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers

- §115.86 – Sexual abuse incident reviews (Corrective Action)
- §115.87 – Data Collection
- §115.88 – Data Review for Corrective Action
- §115.89 – Data Storage, Publication, and Destruction
- §115.401 – Frequency & Scope of Audits
- §115.403-Audit contents and finding

### **Standards Not Met**

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** -



## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**The following evidence was analyzed in making compliance determination:**

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

Core Civic Policy 14-2 Sexual Abuse Prevention and Response  
Letter from Warden/Facility Director appointing facility PREA Compliance Manager  
Facility Organizational Chart  
FSC documentation showing Appointment of Agency-Wide PREA Coordinator  
FSC PREA coordinator position description  
FSC Core Services Organizational Chart  
14-2J Zero-Tolerance Policy Acknowledgement (or partner agency equivalent)

**Interviews:**

- PREA Coordinator/PREA Compliance Manager

**Site Review Observations:**

- PREA information displayed in both English/Spanish throughout the facility
- PREA Information was displayed in different languages tailored to the facility in large print for all detainee population.
- Frosted windows throughout the housing areas for prevention of cross-gender viewing
- Opposite Gender must announce upon entry sign was displayed on every housing location on each door for staff to view prior to entering the housing area.
- Grievance, Medical and Mailboxes with locks were observed in every housing hallway location
- Large Bulletin boards with PREA information in different languages displayed in the front lobby, visitation area, administration building, department heads and work areas and detainee housing areas. The staff first responder duties was displayed in large print in the front lobby. The ICE Detention Reporting and Information Line was displayed.
- Notice of PREA laws were displayed on an orange sign in both English/Spanish in the visitation area. Mandated Zero-Tolerance towards all forms of sexual abuse and sexual harassment.

**Findings: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

**115.11 (a)** CoreCivic and NSDC had a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Detainees who sexual abuse fellow detainees will be disciplined and may be subject to criminal prosecution. Detainee victims of sexual abuse or harassment or harassment will be provided with a supportive and protective environment. Regardless of consensual status, sexual activity between detainees and employees, contractors or volunteers is strictly prohibited and is subject to administrative and criminal disciplinary sanctions. It is CoreCivic policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse that are criminal in nature. The CoreCivic policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment to include sanctions for those found to have participated in prohibited behaviors.

**115.11 (b)** The NSDC had a designated PREA manager with sufficient time to complete all PREA duties and responsibilities. The FSC PREA Coordinator (FSCPC) is an upper-level management FSC employee designated to develop, implement, and oversee CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program.

The FSCPC provides supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy. The auditor conducted interviews with the agency wide PREA coordinator and facility PREA manager. The auditor reviewed the agency's organizational chart with each individual's position and title.

**115.11 (c)** The Agency PREA Coordinator appointed an individual as a designated Senior Director PREA Audit and Compliance in the Correctional Programs over the department for the implementation and oversight of company policies and procedures in complying with the standards of the Prisons Rape Elimination Act (PREA). The facility had a designated PREA Manager assigned to the facility for all PREA duties and responsibilities. The auditor reviewed the agency's organizational structure identifying the PREA compliance position. The auditor conducted an interview with the agency PREA Coordinator and PREA compliance manager.

The NSDC successfully implemented and was successful for using a team approach bringing in all levels of the organization and key stakeholders in relevant ways to ensure a culture of sexual safety by working together. The PREA Coordinator and PREA manager/interim staff had regular communication with the head of the agency and the support of agency leadership to manage the institution both policy and practice. The NSDC has an MOU with the community service providers to include local law enforcement, rape crisis organizations and hospital in an ongoing manner vital to the PREA program. CoreCivic and NSDC created a process to gather and use comprehensive data on the agency's PREA implementation for future decision making related to progress and change management meeting and exceeding the standard.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.12: Contracting with other entities for the confinement of detainees

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.12 (a)

- If this agency is public and it contracts for the confinement of its detainees with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of detainees.)  Yes  No  NA

#### 115.12 (b)

- 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 detainees.)  Yes  No  NA

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

##### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

##### Findings: Contracting with other entities for the confinement of inmates.

**115.12 (a)** CoreCivic is a private provider and does not contract with other agencies for the confinement of those in their care.

**115.12 (b)** CoreCivic is a private provider and does not contract with other agencies for the confinement of those in their care.

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.13: Supervision and monitoring

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external

oversight bodies?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or detainees may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the detainee population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- 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  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document, and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Core Civic Policy 14-2 Sexual Abuse Prevention and Response  
 Core Civic Form 14-21 Annual PREA Staffing Plan Assessment  
 5-1B Forms showing reports of any deviations from the PREA staffing plan  
 Logs, reports, records that document announced rounds for both night and day shifts  
 Map showing facility layout and post  
 List of facility surveillance cameras  
 Work orders for cameras

#### Interviews:

- Warden or Designee
- PREA Coordinator
- PREA Compliance Manager
- Intermediate or Higher-Level Facility staff

#### Site Review Observations:

- Unit Logbook showing unannounced PREA rounds
- Shift Roster showing ADO roster audit



**Findings: Supervision and monitoring.**

**115.13 (a)** The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Nevada Southern Detention Center. The facility in coordination with CoreCivic FSC, there is a developed annual staffing plan that provides adequate levels of staffing to protect detainees against sexual abuse. The location of video monitoring systems are considered when determining adequate levels of staffing. Core Civic requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Since August 20, 2012, or last PREA audit, whichever is later:

- The average daily number of inmates: 857
- The average daily number of inmates on which the staffing plan was predicated: 990

In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:

- (1) Generally accepted detention and correctional practices.
- (2) Any judicial findings of inadequacy.
- (3) Any findings of inadequacy from Federal investigative agencies.
- (4) Any findings of inadequacy from internal or external oversight bodies.
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated).
- (6) The composition of the inmate population.
- (7) The number and placement of supervisory staff.
- (8) Institution programs occurring on a particular shift.
- (9) Any applicable State or local laws, regulations, or standards.
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

The auditor conducted interviews with Warden or designee and PREA compliance manager during the site review.

**115.13 (b)** The PREA Compliance Manager shall document and describe the deviation on the 5-1B Notice of Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. NSDC makes its best efforts to comply on a regular basis, with the approved PREA staffing plan and documented and justified all deviations. The most common reasons for deviating from the staffing plan in the past 12 months were 1. Constant watch, 2. Staffing/FMLA, and weapons qualified staff shortage. The auditor conducted an interview with the Warden or Designee during the site review.

**115.13 (c)** At least once every year, CoreCivic/NSDC in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan, deployment of monitoring technology or allocation of facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The auditor reviewed the Annual PREA Staffing Plan Assessment which includes facility Wardens, FSC PREA Compliance Coordinators and Vice President. The auditor reviewed the staffing plans for 2020, 2019, and 2018. The auditor conducted interviews with the PREA coordinator during audit process. Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to: the staffing plan established pursuant to this section; the facility's development of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. The respective Business Unit Vice President/designee shall approve the 14-21 Annual PREA Staffing Plan Assessment. Any changes to policy and/or procedure, physical plant, approved capital expenditures, video monitoring and/or technology, or staffing require the approval of the respective Business Vice President.

**115.13 (d)** The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Nevada Southern Detention Center D. Supervision and Monitoring/Staffing Plans. Intermediate level and/or upper-level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment.

The occurrence of such rounds shall be documented as an unannounced round or “PREA Round” in the applicable log (e.g., ADO, post log, shift report, etc.). This practice shall be implemented for night shifts and day shifts and through all areas where inmates/detainees are permitted. Employees are prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to a legitimate operational function of the facility.

The auditor observed a random selection for the from 2017, 2018, 2019 and site log observations for the previous months on the NSDC Administrative Staff logbook which requires higher-level staff responsible for the unannounced PREA rounds to sign the log of visits including date, location, and different shifts. The supervisors document the following on the logbook “PREA rounds” with the date, time, and shift. The supervisors are required to conduct unannounced facility rounds to identify and deter employee sexual abuse and sexual harassment. Staff is prohibited from alerting other staff of unannounced rounds. There were no disciplinary sanctions for this behavior from the facility. The Nevada Southern Detention Center had surveillance cameras and several security mirrors throughout the facility. The auditor conducted interviews with intermediate or higher-level facility staff during the onsite audit. The auditor randomly reviewed video footage and observed the unannounced rounds during the audit process.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.14: Youthful detainees

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful detainees in housing units that separate them from sight, sound, and physical contact with any adult detainees through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful detainees [detainees <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful detainees and adult detainees? (N/A if facility does not have youthful detainees [detainees <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful detainees and adult detainees have sight, sound, or physical contact? (N/A if facility does not have youthful detainees [detainees <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful detainees in isolation to comply with this provision? (N/A if facility does not have youthful detainees [detainees <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful detainees daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful detainees [detainees <18 years old].)  Yes  No  NA

- Do youthful detainees have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful detainees [detainees <18 years old].)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

**Findings: Youthful inmates.**

**115.14 (a)** Nevada Southern Detention Center does not house youthful inmates.

**115.14 (b)** Nevada Southern Detention Center does not house youthful inmates.

**115.14 (c)** Nevada Southern Detention Center does not house youthful inmates.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female detainees, except in exigent circumstances? (N/A if the facility does not have female detainees.)  
 Yes  No  NA

- Does the facility always refrain from restricting female detainees' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female detainees.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female detainees? (N/A if the facility does not have female detainees.)  Yes  No  NA

#### 115.15 (d)

- Does the facility have policies that enables detainees to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables detainees to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a detainee housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex detainees for the sole purpose of determining the detainee's genital status?  Yes  No
- If a detainee's genital status is unknown, does the facility determine genital status during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- 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  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities  
CoreCivic Policy 9-5 Searches of Inmates  
PREA Overview Facilitator Guide  
PREA Overview Participant Workout  
Search Procedures Facilitator Guide  
Search Procedures Participant Workbook  
Training Curriculum for Transgender Searches

#### **Interviews:**

- Non-medical staff (involved in cross-gender strip or visual searches)
- Random Sample of Staff
- Random Sample of Inmates
- Transgender/Intersex Inmates

#### **Observations:**

- Posting that advises inmates to change clothing in shower or restroom areas
- Copies of 14-9A Transgender/Intersex Assessment and Treatment Plan form
- Documentation of Training on cross-gender pat-down searches and training of searches of Transgender/Intersex detainees
- Shower/Toilet areas with shower curtains and privacy barriers
- PREA information displayed in both English/Spanish throughout the facility
- PREA Information was displayed in different languages tailored to the facility in large print for all detainee population.
- Frosted windows throughout the housing areas for prevention of cross-gender viewing
- Opposite Gender must announce upon entry sign was displayed on every housing location on each door for staff to view prior to entering the housing area.
- Grievance, Medical and Mailboxes with locks were observed in every housing hallway location

- Large Bulletin boards with PREA information in different languages displayed in the front lobby, visitation area, administration building, department heads and work areas and detainee housing areas. The staff first responder duties was displayed in large print in the front lobby. The ICE Detention Reporting and Information Line was displayed.
- Notice of PREA laws were displayed on an orange sign in both English/Spanish in the visitation area. Mandated Zero-Tolerance towards all forms of sexual abuse and sexual harassment.

**Findings: Limits to cross-gender viewing and searches.**

**115.15 (a)** 14-2 Sexual Abuse Prevention and Response Policy: Reasonable communication between inmates/detainees and the posted numbers for emotional support or advocacy services shall be permitted in as confidential manner as possible. The facility shall post the extent to which such communication will be monitored and/or recorded. The facility shall have a process in place to ensure that written correspondence between inmates/detainees and these agencies may remain confidential. In the past 12 months: The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0. The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0. There were no non-medical staff interviews conducted.

**115.15 (b)** 14-2 Sexual Abuse Prevention and Response Policy J. Limits to Cross Gender Viewing and Searches. Pat searches of female inmates/detainees by male staff are prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order). The facility shall not restrict female inmate/detainee access to regularly available programming or other out of cell opportunities in order to comply with this provision. Pat searches of male inmates/detainees by female staff are permissible. Cross-gender inmate/detainee strip searches (male staff on female inmate/detainee, or female staff on male inmate/detainee) shall not be conducted except in exigent circumstances or when performed by medical practitioners. In the past 12 months: The number of pat-down searches of female inmates conducted by male staff: 0. The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0. The auditor conducted interviews with a random sample of staff and a random sample of detainees during the onsite portion of the audit. The auditor randomly reviewed the video surveillance cameras to spot check for female inmates conducted by male staff. There were no female searches conducted by male staff.

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

**115.15 (d)** 14-2 Sexual Abuse Prevention and Response Policy. Inmates/detainees 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 cell/living quarter checks. Staff of opposite gender are required announce their presence when entering an inmate/detainee housing unit. Where a larger housing unit is broken into several individual smaller units such as pods, cell blocks, dorms, etc. the staff member must announce as he/she enters each of smaller individual units. The auditor conducted interviews with a random sample of staff and a random sample of detainees during the onsite portion of the audit. The auditor made observations during the site review detainee privacy when showering and using the toilet/restroom areas. The auditor observed staff making the opposite gender announcement verbally prior to entering the detainee housing areas. The auditor observed inmates to have the required privacy in housing units and cells when showering, toileting and changing clothes. This was determined through observations and interviews of staff and detainees and cross-gender announcements are the regular practice at NSDC.



- Posting that advises inmates to change clothing in shower or restroom areas
- Copies of 14-9A Transgender/Intersex Assessment and Treatment Plan form
- Documentation of Training on cross-gender pat-down searches and training of searches of Transgender/Intersex detainees
- Shower/Toilet areas with shower curtains and privacy barriers
- PREA information displayed in both English/Spanish throughout the facility
- PREA Information was displayed in different languages tailored to the facility in large print for all detainee population.
- Frosted windows throughout the housing areas for prevention of cross-gender viewing
- Opposite Gender must announce upon entry sign was displayed on every housing location on each door for staff to view prior to entering the housing area.
- Grievance, Medical and Mailboxes with locks were observed in every housing hallway location
- Large Bulletin boards with PREA information in different languages displayed in the front lobby, visitation area, administration building, department heads and work areas and detainee housing areas. The staff first responder duties was displayed in large print in the front lobby. The ICE Detention Reporting and Information Line was displayed.
- Notice of PREA laws were displayed on an orange sign in both English/Spanish in the visitation area. Mandated Zero-Tolerance towards all forms of sexual abuse and sexual harassment.
- Individual restroom stalls with doors providing privacy to include an additional half wall.

**115.15 (e)** 14-2 Sexual Abuse Prevention and Response Policy. Transgender/Intersex Viewing and Searches. The facility shall not search or physically examine a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status. If the inmate/detainee's genital status is unknown, it may be determined during conversations with the inmate/detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The auditor conducted interviews with a random sample of staff and detainees who identified as Transgender or intersex and no such searches have been conducted.

**115.15 (f)** 14-2 Sexual Abuse Prevention and Response Policy: 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 inmates/detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs. All searches of transgender and intersex inmates/detainees shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. All NSDC staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor conducted interviews with a random sample of staff. The auditor assessed the facility staff and they have been properly and effectively trained on search policies, procedures and practice related to strip searches, pat searches, and searches of transgender and intersex detainees. The auditor reviewed training curricula, logs, and verification through staff and detainees' interviews and a spot-check on the surveillance cameras for the search procedures.

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.16: Detainees with disabilities and detainees who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that detainees 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: detainees who are deaf or hard of hearing?  Yes  No

- Does the agency take appropriate steps to ensure that detainees 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: detainees who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that detainees 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: detainees who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that detainees 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: detainees who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that detainees 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: detainees who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that detainees 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  No
- Do such steps include, when necessary, ensuring effective communication with detainees who are deaf or hard of hearing?  Yes  No
- 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  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: Are blind or have low vision?  Yes  No

## 115.16 (b)

- 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 detainees who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.16 (c)

- Does the agency always refrain from relying on detainee interpreters, detainee readers, or other types of detainee assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under §115.64, or the investigation of the detainee's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

Language line contract

Language line facility specific instruction guide

14-2B Sexual Abuse Screening Tool (or partner agency form) with notation that form was completed with use of language line or interpreter

Spanish version of PREA Intake/Orientation Material

Photo and location of TTY (for use of deaf detainees)

Language line language identification guide

List of staff who are available to provide interpreter services including any who is able to perform sign-language for the deaf

List of any agencies in area who provide services to the blind, deaf, or physically handicapped

#### Interviews:

- Agency Head

- Inmates (with disabilities or who are limited English proficient)
- Random Sample of Staff

**Site Observations:**

- Language line contract
- Language line information displayed throughout the facility
- Detainee Language Line posted for staff interpreters with instructions on how to utilize the language line.
- Reviewed random sample of detainee assessment questionnaire information with calls made to the language line for additional services.
- The auditor tested the language line with different detainees in both female and male housing areas to conduct the random sample of detainee interviews

**Findings: Inmates with disabilities and inmates who are limited English proficient.**

**115.16 (a)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. Inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the inmate/detainee shall be provided when simply written or oral communication is not effective. The TTY phone is located in the medical nursing station with a label on the cabinet door “TTY phone” for easy accessibility. The language identification guide is located throughout the facility in the housing areas which provides access to over-the-phone interpreting 24 hours a day, 7 days a week. This guide is offered face-to-face to determine which language a person speaks. Languages listed on the language guide consist of Europe, Pacific Islands, North America, South America, Caribbean, India, Pakistan, Southwest Asia, Africa, and Middle East. The agency had a staff interpreter list with staff that can interpret French, German, Italian, Spanish, Sign language and other. The facility had a list of agencies in the area who provide services to the blind, deaf or physically handicapped. The auditor conducted interviews with the Agency Head and Inmates (with disabilities or who are limited English proficient). The facility established procedures to provide disabled detainee’s 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.

**115.16 (b)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. 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. NSDC had a language line available.

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

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.17: Hiring and promotion decisions**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees 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  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees 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  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees 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  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees 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  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with detainees?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with detainees?  Yes  No

### 115.17 (c)

- Before hiring new employees, who may have contact with detainees, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with detainees, 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  No

### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with detainees?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with detainees or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with detainees 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  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**The following evidence was analyzed in making compliance determination:**

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
Employee roster of employees/contractors (e.g., medical, mental health, food service)  
Signed 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment for Employees.  
Signed 14-2 H Forms for contractor applicant  
Signed 14-2H Forms for employees and contractors at Pre-Service (annual review)  
New 14-2H Forms signed by employees who have been promoted (including employees promoted from another CoreCivic facility)  
Criminal History Checks on all employees and contractors and five-year updates as required  
Clearance Letters from partner agency  
Completed 03-20-2B PREA Questionnaire for prior institutional employer for facility employees and contractors with prior institutional employers  
Equivalent form received and returned back to requesting agency

**Interviews:**

- Administrative (Human Resources) Staff

**Site Observations:**

- Employee Files

**Findings: Hiring and promotion decisions.**

**115.17 (a)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. To the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates/detainees and who has: a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997; b. been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in the activity as outlined above. The auditor reviewed files during the onsite portion of the audit of persons hired or promoted in the past 12 months for the determination of proper criminal record background checks conducted and questions regarding past conduct were asked and answered by the Human Resources staff.

**115.17 (b)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates/detainees. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

**115.17 (c)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. Before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. 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 inmates/detainees or have in place a system for otherwise capturing such information. In the past 12 months:

The number of persons hired who may have contact with inmates who have had criminal background record checks: 67. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit. The auditor reviewed employee files hired in the past 12 months for the determination of the agency's completion of checks consistent with the standard. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit. The auditor reviewed employee files for the past 12 months for the determination of the completed checks.

**115.17 (d)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. The NSDC had a policy requiring criminal background record checks to be completed before enlisting the services of any contractor who may have contact with detainees. In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 6. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit. The auditor reviewed records of background checks of contractors who may have contact with detainees.

**115.17 (e)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. The NSDC has a policy that requires criminal background record checks to be conducted at least every five years for currently employees and contractors who may have contact with detainees, or that a system is in place for otherwise capturing such information for current employees. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit. The auditor reviewed documentation of background record checks of current employees and contractors at five-year intervals when applicable.

**115.17 (f)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. All applicants, employees, and contractors who may have direct contact with inmates/detainees, shall be asked about previous misconduct, as outlined above in section B.1. The CoreCivic 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form, or equivalent contracting agency form, will be completed as part of the hiring process. The CoreCivic online application form section that requires disclosure of misconduct as described in B.1 may be utilized in lieu of the 14-2H for new applicants. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by employees as part of the promotional process including both inter-facility promotions and intra-facility promotions. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by current employees and contractors on an annual basis to serve as verification of the fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The annual signature shall be in lieu of having the form completed as part of an annual review process. The completed 14-2H form shall be retained in each employee's personnel file. The auditor conducted an interview with the Administrative (Human Resources) staff and reviewed employee files for compliance during the onsite portion of the audit.

**115.17 (g)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. 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.

**115.17 (h)** CoreCivic 14-2 Sexual Abuse Prevention and Response Policy. 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 auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.18 (a)

- 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 detainees from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect detainees from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

### Interviews:

- Agency Head
- Warden or Designee

**Site Observations:**

Video Surveillance/Security Mirrors: The Nevada Southern Detention Center facility had 247 surveillance cameras in the following locations: cell block entry gate, cell block rotunda B/C, cell block rotunda A, AA multipurpose room, dayroom A over podium, A1 recreation, A2 recreation, A perimeter NW A, A perimeter SW D, (4) dayroom A1, (4) dayroom A2, (4) dayroom A3, (4) dayroom A4, lobby visitor waiting A, B, C, D, lobby video visitation, lobby gate, central control, administrator hall, main corridor, sort locker room, attorney rooms, chapel, (2) law library, area, (3) laundry, (2) commissary, (3) warehouse, (3) loading dock, (2) maintenance, central sallyport, milestone rack, (2) B Perimeter, BA recreation, BB recreation, BA east, (3) dayroom BA, BB east, (3) dayroom BB, (3) C perimeter, (2) seg recreation, (8) dayroom C, main corridor D south, entry door warehouse hall, (5) main corridor, F-hallway ice machine, female seg sally entry, female recreation hall exit door, (2) back dock corridor, D/E crash gate, F/G crash gate, G ice machine, (8) kitchen, (2) dry storage, (7) F-1, (7) F-2, (7) F-3, (7) F-4, (2) Female seg, female recreation hall entry door, female recreation, (6) G-1, G-A dayroom 1D, (7) G-2, (7) G-3, (7) G-4, E/F gate, (7) Intake, (2) property storage, (6) medical, (10) multi-purpose, (9) A perimeter, (9) B perimeter, Vehicle sally interior exit gate PTZ, loading dock A, (5) Vehicle Sally, (4) Inside Vehicle, (4) perimeter, (8) perimeter zones, (5) G perimeter, and (10) pedestrian sally exit. Additional security mirrors were displayed in the following areas for the overall safety of the staff and detainee population: (1) front lobby, (1) lobby visitation area, (1) main hallway, (1) kitchen, (2) commissary, and (2) laundry.

**Findings: Upgrades to facilities and technology.**

**115.18 (a)** The NSDC did not acquire a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012 or since the last PREA audit. The auditor conducted interviews with Agency Head and the Warden or Designee during the onsite portion of the audit. The auditor conducted a site review on the first day of the audit.

**115.18 (b)** Interviews with the Agency Head and Warden or Designee determined that when installing or updating video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agencies ability to protect detainees from sexual abuse. The auditor checked the video monitoring system, electronic surveillance system and other installed and updated technology system.

**Corrective Action:** The auditor recommends no corrective action.

**RESPONSIVE PLANNING****Standard 115.21: Evidence protocol and forensic medical examinations****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.21 (a)**

- 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    No    NA

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- 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  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- 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  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- 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  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- 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  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

##### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

CoreCivic Policy 13-79 Sexual Assault Response

CoreCivic 13-79A Sexual Assault Protocol

Memorandum of Understanding with Law enforcement agency for Sexual Abuse Investigations

Memorandum of Understanding with Rape Crisis/Community Agency in Las Vegas Nevada

Memorandum of Understanding with the Desert View Hospital in Pahrump Nevada

##### Interviews:

- Random Sample of Staff
- PREA Compliance Manager
- Inmates who Reported a Sexual Abuse



### Site Observations:

- Review of Investigations
- Specialized Staff Training for Investigative Staff
- Sexual Assault Protocol

### Findings: Evidence protocol and forensic medical examinations.

**115.21 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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 auditor conducted interviews with a random sample of staff during the onsite portion of the auditor.

**115.21 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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.

**115.21 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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. In the past 12 months: The number of forensic medical exams conducted: 1. The number of exams performed by SANEs/SAFEs: 1. The number of exams performed by a qualified medical practitioner: 0. The auditor reviewed the Memorandum of Understanding and responsibilities of outside medical and mental health practitioners.

**115.21 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. The NSDC 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 detainee for an examination to be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/SANE provider is not available, the examination may be performed by other qualified medical practitioners. Qualified Health Care Professional (QHCP): includes physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who, by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice to evaluate and care for patients. Qualified Mental Health Professionals (QMHP): includes psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who, by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients. The SAFE/SANE exams are provided and coordinate by the NYE County Sheriff's Office. The auditor conducted interviews with the PREA Compliance Manager and detainees who reported sexual abuse during the onsite portion of the audit.

**115.21 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. As requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The NSDC victim advocates for a SAFE/SANE exam are provided as followed: NYE County Sheriff coordinates with the hospital and the Las Vegas Rape Crisis Center for SAFE/SANE exam advocates. The auditor conducted interviews with the PREA Compliance Manager and detainees who reported sexual abuse during the onsite portion of the audit.

**115.21 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. NSDC is responsible for conducting administrative investigations and criminal investigations are conducted by the local police department in which the facility has a Memorandum of Understanding.

**115.21 (g)** N/A

**115.21 (h)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Qualified Health Care Professional (QHCP): includes physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who, by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice to evaluate and care for patients. Qualified Mental Health Professionals (QMHP): includes psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who, by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

## 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

CoreCivic Policy 5-1 Incident Reporting

CoreCivic PREA website page/Investigation section

Memorandum of Understanding with local law enforcement (for PREA Investigations)

#### Interviews:

- Agency Head
- Investigative Staff

#### Site Observations:

- Memorandum of Understanding
- Investigations
- Website <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

#### Findings: Policies to ensure referrals of allegations for investigations.

**115.22 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Following notification from first responders, the highest supervisory authority on-site shall ensure that the ADO, the PREA Compliance Manager, and Warden/Facility Administrator are immediately notified of the incident. In the past 12 months: The number of allegations of sexual abuse and sexual harassment that were received: 19. The number of allegations resulting in an administrative investigation: 19. The number of allegations referred for criminal investigation: 6. The allegations received in the past 12 months, all administrative and or criminal investigations were completed. The auditor conducted an interview with the Agency head during the onsite portion of the audit to include a review of the investigations with full investigative findings.

**115.22 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Administrative Duty Officer (ADO) staff, the PREA Compliance Manager, Warden/Facility Administrator or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse, or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state, or local law. The Warden/Facility Administrator shall ensure that an administrative investigation and/or a referral for a criminal investigation, is completed for all allegations of sexual abuse and sexual harassment. The auditor reviewed investigations during the onsite portion of the audit which indicated that the facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigations. The auditor conducted interviews with investigative staff who received specialized training for sexual abuse and sexual harassment. The policy is on the following website and verified by the auditor: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. Investigations: All allegations of sexual conduct shall be promptly, thoroughly, and objectively investigated. Upon the conclusion of the investigation, each allegation will be classified as Substantiated, Unsubstantiated, or Unfounded. Allegations of Sexual Abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution. All substantiated allegations of sexual abuse or sexual harassment will result in the appropriate disciplinary actions taken against the Employee, Contractor, Volunteer, or Inmate, and where appropriate referral for prosecution.

Facility Investigators have all received specialized training regarding how to conduct investigations of sexual abuse in the correctional setting. Criminal allegations are generally referred via agreement to Local Law Enforcement Agencies or Investigating bodies under the authority of the Contracting Agency.

**115.22 (c)** The policy is on the following website and verified by the auditor:

<https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

Reporting Allegations of Sexual Abuse/Sexual Harassment

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment, including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

Send a letter to the warden of the facility at the address provided on our facility locator. Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities. Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided. Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline). It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations.

Investigations: All allegations of sexual conduct shall be promptly, thoroughly, and objectively investigated. Upon the conclusion of the investigation, each allegation will be classified as Substantiated, Unsubstantiated, or Unfounded. Allegations of Sexual Abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution. All substantiated allegations of sexual abuse or sexual harassment will result in the appropriate disciplinary actions taken against the Employee, Contractor, Volunteer, or Inmate, and where appropriate referral for prosecution.

Facility Investigators have all received specialized training regarding how to conduct investigations of sexual abuse in the correctional setting. Criminal allegations are generally referred via agreement to Local Law Enforcement Agencies or Investigating bodies under the authority of the Contracting Agency.

Inquiries: Each CoreCivic facility has a PREA Compliance Manager who can respond to questions and receive reports of allegations of sexual abuse and sexual harassment. In addition, CoreCivic has a PREA Coordinator who is responsible company-wide for the development, implementation, and oversight essential to demonstrate compliance with the National PREA Standards.

Questions or inquiries can be forwarded to:

Eric S. Pierson, Senior Director — PREA Compliance and Programs

CoreCivic

5501 Virginia Way, Suite 110

Brentwood, Tennessee, 37027

1-615-263-6915

Note: Institutional employers seeking PREA background information on current or former CoreCivic employees in accordance with PREA Standard 115.17(a)(h) should contact the Human Resources Manager at the last CoreCivic facility where the individual was known to have been employed. Contact numbers for each facility are posted on this website. If the facility is closed, inquiries may be submitted to Human Resources at the CoreCivic corporate office.

#### Resources

The full text of DHS and DOJ PREA Standards can be found below. Additional information on the Prison Rape Elimination Act can be obtained from the Department of Justice PREA Resource Center at [www.PREAResourceCenter.org](http://www.PREAResourceCenter.org).

CoreCivic Policy 14-2 (For inmates under DOJ Standards including County, State, Federal Bureau of Prisons, and United States Marshal Service)

CoreCivic Policy Change Notice (1)

CoreCivic Policy 14-2 DHS-FRS (for ICE Family Residential Centers)

CoreCivic Policy 14-2 CC (for Community Corrections)

CoreCivic Policy Change Notice (Community Corrections (1))

CoreCivic Policy 14-2 DHS (for ICE detainees under DHS Standards)

DOJ PREA Final Standards for Prisons and Jails

DOJ PREA Final Standards for Community Confinement

DHS Final Standards

CoreCivic 2019 PREA Report

CoreCivic 2018 PREA Report

CoreCivic 2017 PREA Report

CoreCivic 2016 PREA Report

CoreCivic 2015 PREA Report

CoreCivic 2014 PREA Report

CoreCivic 2013 PREA Report

**115.22 (d)** N/A

**115.22 (e)** N/A

**Corrective Action:** The auditor recommends no corrective action.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with detainees on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with detainees on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with detainees on detainees' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with detainees on the right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with detainees on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with detainees on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with detainees on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with detainees on how to avoid inappropriate relationships with detainees?  Yes  No
- Does the agency train all employees who may have contact with detainees on how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees?  Yes  No
- Does the agency train all employees who may have contact with detainees on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the detainees at the employee's facility?  Yes  No



- Have employees received additional training if reassigned from a facility that houses only male detainees to a facility that houses only female detainees, or vice versa?  Yes  No

### 115.31 (c)

- Have all current employees who may have contact with detainees received such training?  Yes  No
- 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  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
PREA Overview Participant Workbook  
PREA Overview Facilitator Guide  
CoreCivic Code of Ethics (pages 38-48)  
Employee Roster  
14-2A CoreCivic PREA Training Acknowledgement Form (new hires/pre-service)  
14-2A Forms for PREA related Classes

#### Interviews:

- Random Sample of Staff

### Site Observations:

- Employee Files/Records
- PREA Cards

### Findings: Employee training.

**115.31 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The employees receive at a minimum pre-service and annual in-service training on the following:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment.
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- (3) Inmates' rights to be free from sexual abuse and sexual harassment.
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- (5) The dynamics of sexual abuse and sexual harassment in confinement.
- (6) The common reactions of sexual abuse and sexual harassment victims.
- (7) How to detect and respond to signs of threatened and actual sexual abuse.
- (8) How to avoid inappropriate relationships with inmates.
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The auditor conducted a random sample of staff interviews during the onsite portion of the audit which staff was knowledgeable of the PREA related questions and procedures. The auditor reviewed a sample of training records for employees, department heads, correctional staff, contractors, and volunteers. Employees are required to confirm, by either 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 are required to sign a 14-2A PREA Training Acknowledgement-Pre-Service and In-Service form. Signed documentation will be maintained in the employee's training and/or HR file.

**115.31 (b)** The NSDC training is tailored to the gender of the inmates at the facility. The facility houses male and female detainees and training is tailored to both genders. Employees who are reassigned from facilities housing the opposite gender are given additional training. The auditor reviewed a random sample of training records during the onsite portion of the audit.

**115.31 (c)** The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained in PREA requirements: 224. The auditor reviewed a random sample of employee files for refresher training on PREA requirements during the onsite portion of the audit for the overall determination of compliance.

**115.32 (d)** Employees are required to confirm, by either 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 are required to sign a 14-2A PREA Training Acknowledgement-Pre-Service and In-Service form. Signed documentation will be maintained in the employee's training and/or HR file. The auditor reviewed a random sample of employee files for employee signatures verifying the overall determination of compliance.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with detainees have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.32 (b)

- Have all volunteers and contractors who have contact with detainees 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 detainees)?  Yes  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic Policy 22-1 Volunteer Services and Management  
Contractor Roster (medical, mental health, food service)  
14-2A Training Acknowledgement Form for contractors  
Volunteer List  
22-1B Volunteer Agreement  
22-1aC Volunteer Code of Ethics  
22-1AA Volunteer Training Matrix  
PREA Training certificate for Contractors (Trinity Food Service)  
14-2 K PREA Overview: Training for Contractors/Volunteers

## Interviews:

- Volunteer(s) or Contractor(s) who have Contact with Inmates

### Findings: Volunteer and contactor training.

**115.32 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. All volunteers and contractors who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in this policy. All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 36 contractors and 28 volunteers. The auditor conducted interviews with Volunteers and Contractors who have contact with inmates during the onsite portion of the audit.

**115.32 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates/detainees. All volunteers and contractors who have contact with inmates/detainees shall acknowledge the CoreCivic zero-tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. All volunteers and contractors shall be required to sign the 14-2J PREA Zero-Tolerance Policy Acknowledgment form. The auditor conducted interviews with Volunteers and Contractors who have contact with inmates during the onsite portion of the audit. The auditor reviewed a sample of training records of volunteers and contractors who received the PREA training as required with signed acknowledgement forms for volunteers/contractors.

**115.32 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The signed documentation confirming that each volunteer and contractor understands the training that he/she has received will be kept in the volunteer or contractor's file by either the Learning Developmental Manager, facility volunteer coordinator or other staff designated by Warden/Facility Administrator or PREA Compliance Manager. The auditor reviewed a sample of training records of volunteers and contractors who received the PREA training as required with signed acknowledgement forms for volunteers/contractors.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.33: Detainee education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do detainees receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do detainees receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to detainees either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No

- Within 30 days of intake, does the agency provide comprehensive education to detainees either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to detainees either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all detainees received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do detainees receive education upon transfer to a different facility to the extent that the policies and procedures of the detainee's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

- Does the agency provide detainee education in formats accessible to all detainees including those who are limited English proficient?  Yes  No
- Does the agency provide detainee education in formats accessible to all detainees including those who are deaf?  Yes  No
- Does the agency provide detainee education in formats accessible to all detainees including those who are visually impaired?  Yes  No
- Does the agency provide detainee education in formats accessible to all detainees including those who are otherwise disabled?  Yes  No
- Does the agency provide detainee education in formats accessible to all detainees including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of detainee participation in these education sessions?  Yes  No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to detainees through posters, detainee handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **The following evidence was analyzed in making compliance determination:**

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

14-2 AA Pamphlet in English/Spanish/signature

Inmate Handbook/PREA information/signature

Comprehensive Education provided within 30-days (PREA Video entitled "PREA What you Need to know" and detainee signature

Limited English Proficient Resources/Description

TTY/TDD or sign language for deaf detainees

PREA Posters (English/Spanish)

#### **Interviews:**

- Intake Staff
- Random Sample of Inmates

#### **Site Observations:**

- PREA information displayed in both English/Spanish throughout the facility
- PREA Information was displayed in different languages tailored to the facility in large print for all detainee population.
- Frosted windows throughout the housing areas for prevention of cross-gender viewing
- Opposite Gender must announce upon entry sign was displayed on every housing location on each door for staff to view prior to entering the housing area.
- Grievance, Medical and Mailboxes with locks were observed in every housing hallway location
- Large Bulletin boards with PREA information in different languages displayed in the front lobby, visitation area, administration building, department heads and work areas and detainee housing areas. The staff first responder duties was displayed in large print in the front lobby. The ICE Detention Reporting and Information Line was displayed.
- Notice of PREA laws were displayed on an orange sign in both English/Spanish in the visitation area. Mandated Zero-Tolerance towards all forms of sexual abuse and sexual harassment

#### **Findings: Inmate education.**

**115.33 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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 NSDC provides the following written information at intake: 14-2AA Pamphlet and Detainee Handbook. Of inmates admitted during the past 12 months: The number who were given this information at intake: 8000.



The auditor conducted interviews with the Intake Staff and a Random Sample of Inmates during the onsite portion of the audit. The auditor reviewed and spot-checked intake records of inmates entering the facility in the past 12 months.

**115.33 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Within 30 days following intake, either in person or through video, inmates/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention. Of inmates admitted during the past 12 months whose length of stay in the facility was for 30 days or more: The number who received such education within 30 days of intake: 2200. The auditor conducted interviews with the intake staff and random sample of inmates during the onsite portion of the audit. The auditor reviewed and spot-checked intake records of detainees entering the facility in the past 12 months. The auditor reviewed inmate files verifying inmates received comprehensive PREA training education within 30 days of intake. The auditor reviewed the detainee handbook and relevant education materials to ensure that relevant information was provided.

**115.33 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. The auditor conducted an interview with intake staff during the onsite portion of the audit. The auditor reviewed detainee records verifying the comprehensive PREA education within one year of the effective date of the PREA standards to include detainee signatures on the Admissions Assessment form 17-100A.

**115.33 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Detainee PREA Education is available and accessible formats for all inmates including those who are LEP. The auditor reviewed all detainee educational materials. The detainee file review of records determined those inmates received information at intake with a signature of the information received filed in the detainee records. The detainee handbook provides relevant PREA education and the PREA signage displayed throughout the facility for the detainee population. The information is provided for in different handbooks for all detainees which include ICE/USMS. The NSDC Detainee Orientation and Educational Video Log provide dates and times for the USMS Orientation, ICE Orientation, PREA Video in both English and Spanish and the officer's name who provided the information. The NSDC provides the following resources to LEP detainees:

1. Detainee Handbook in English/Spanish
2. 14-2AA PREA pamphlet in English/Spanish
3. PREA Video in English/Spanish
4. Usage of Google translate for assistance in interpretation
5. Contract with Language Line for usage
6. Language Identification posters in intake and housing units
7. PREA Posters English/Spanish
8. Mini-Com for Deaf (telephone)
9. Audio books for visually impaired (available in approximately 20 languages)
10. Agreement with Southwest ADA out of Las Vegas to teach braille to detainees if needed/requested.

**115.33 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmate/detainees shall sign indicating acknowledgement that they have received intake information and the 30-day comprehensive education, and this documentation shall be maintained by the facility in the inmate/detainee file.

**115.33 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to inmates/detainees through posters, inmate/detainee handbooks, or other written formats. The detainee file review of records determined those inmates received information at intake with a signature of the

information received filed in the detainee records. The detainee handbook provides relevant PREA education and the PREA signage displayed throughout the facility for the detainee population. The information is provided for in different handbooks for all detainees which include ICE/USMS. The NSDC Detainee Orientation and Educational Video Log provide dates and times for the USMS Orientation, ICE Orientation, PREA Video in both English and Spanish and the officer's name who provided the information. The NSDC provides the following resources to LEP detainees:

1. Detainee Handbook in English/Spanish
2. 14-2AA PREA pamphlet in English/Spanish
3. PREA Video in English/Spanish
4. Usage of Google translate for assistance in interpretation
5. Contract with Language Line for usage
6. Language Identification posters in intake and housing units
7. PREA Posters English/Spanish
8. Mini-Com for Deaf (telephone)
9. Audio books for visually impaired (available in approximately 20 languages)
10. Agreement with Southwest ADA out of Las Vegas to teach braille to detainees if needed/requested.

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.34: Specialized training: Investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
 Investigator PREA Overview Training  
 Certificates for PREA Investigator Training (Relias Learning NIC)  
 Lesson Plan/Overview of Training  
 14-2 A1 PREA Training Acknowledgement Specialized Training

#### **Interviews:**

- Investigative Staff

### Site Observations:

- Training records/logs of investigative staff

### Findings: Specialized training: Investigations.

**115.34 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. In addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PREA Compliance Manager shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g., leave, paid time off, sickness, offsite training, etc.). The auditor conducted interviews with investigative staff during the onsite portion of the audit. The auditor conducted a review of the facility sexual abuse investigations and the training records of investigative staff.

**115.34 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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 auditor conducted interviews with investigative staff during the onsite portion of the audit. The auditor conducted a review of the facility sexual abuse investigations and the training records of investigative staff.

**115.34 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgement Specialized Training. This documentation shall be maintained in the employee training file. The number of investigators the agency currently employs: 4. The number of investigators currently employed who have completed the required training: 4.

**115.34 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The facility shall use investigators for administrative investigations who have received special training in sexual abuse investigations pursuant to standards 115.34. The auditor reviewed the Employment Education and Training Records for investigative staff. Investigating Sexual Abuse in a Confinement Setting Web-Based Training Course-NIC to include a certificate of completion and through Relias.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.35: Specialized training: Medical and mental health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
Medical and Mental Health Personnel (CoreCivic/Contract)  
14-2A Training Acknowledgement Forms (Medical/Mental Health)  
Training documentation-Specialized training  
Lesson plans/Video Content-Specialized training

#### Interviews:

- Medical and Mental Health Staff

#### Site Observations:

- Medical and Mental Health Staff file review

#### Findings: Specialized training: Medical and mental health care.

**115.35 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The NSDC has a policy that ensures all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 24. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100 %.

**115.35 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The medical staff at NSDC do not conduct forensic exams. The auditor conducted interviews with the medical and mental health staff during the onsite portion of the audit. The sexual abuse investigations were reviewed and determined that medical staff at NSDC do not conduct forensic exams.

**115.35 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The auditor reviewed documentation showing that medical and mental health practitioners have completed the required training and specialized training for medical and mental health staff with a signature of training. The specialty PREA NIC training curricula for Medical and Mental Health was reviewed.

**115.35 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The auditor reviewed documentation showing that medical and mental health practitioners have completed the required training and specialized training for medical and mental health staff with a signature of training. The specialty PREA NIC training curricula for Medical and Mental Health was reviewed.

**Corrective Action:** The auditor recommends no corrective action.



# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.41 (a)

- Are all detainees assessed during an intake screening for their risk of being sexually abused by other detainees or sexually abusive toward other detainees?  Yes  No
- Are all detainees assessed upon transfer to another facility for their risk of being sexually abused by other detainees or sexually abusive toward other detainees?  Yes  No

### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (1) Whether the detainee has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (2) The age of the detainee?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (3) The physical build of the detainee?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (4) Whether the detainee has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (5) Whether the detainee's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (6) Whether the detainee has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (7) Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the detainee about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the detainee is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (8) Whether the detainee has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (9) The detainee's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (10) Whether the detainee is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing detainees for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing detainees for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing detainees for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the detainee's arrival at the facility, does the facility reassess the detainee's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess a detainee's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess a detainee's risk level when warranted due to a request?  Yes  No

- Does the facility reassess a detainee's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess a detainee's risk level when warranted due to receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that detainees 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  No

#### 115.41 (i)

- 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 detainee's detriment by staff or other detainees?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

##### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
 OMS Report tracks initial screenings (Date of Arrival, Initial Screening dates, and date 30-day review is due, completion date for 30-review)  
 14-2B Sexual Abuse Screening Tool/Sexual Abuse Screening Form-Referral, request, receipt, or incident of sexual abuse (rescreening)

##### Interviews:

- Staff Responsible for Risk Screening
- Random Sample of Inmates
- Staff Responsible for Risk Screening
- PREA Coordinator

- PREA Compliance Manager

**Site Observations:**

- Intake/Screening
- PREA Information
- Detainee File Review

**Findings: Screening for risk of victimization and abusiveness.**

**115.41 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. All inmates/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor conducted interviews with the Staff responsible for risk screening and a random sample of detainees during the onsite portion of the audit. The auditor made notes and observations during the site review.

**115.41 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees shall be assessed within 24 hours of arrival at the facility, unless contracting inmates/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception, and inmates/detainees who have been returned from court, or other leave status. In the past 12 months: The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 7547. The auditor reviewed files for detainees admitted to the facility within the past 12 months for evidence of the screening within the 72-hour timeframe. Interviews with staff responsible for risk screening and a random sample of detainees determined the proper use of the screening tool.

**115.41 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual Abuse Screening tool shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening process.

**115.41 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. The auditor conducted interviews with staff responsible for the risk screening process during the onsite portion of the audit.

**115.41 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted interviews with staff responsible for the risk screening process during the onsite portion of the audit.

**115.41 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Within a set period of time not to exceed 30 days from the detainee's arrival at the facility, a reassessment of the

inmate/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. The NSDC conducts the reassessments within 24-30 days. The 30-day reassessment includes any additional relevant information received by the facility since the initial intake screening. The facility maintains a tracking system to ensure that reassessments are not completed beyond 30 days. The conducted a review of the assessment and reassessments to have met the required dates, and times. In the past 12 months: The number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 6. The auditor conducted interviews with the Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite portion of the audit. The auditor reviewed detainee files of the initial and reassessments for the risk of sexual victimization or abusiveness.

**115.41 (g)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. A reassessment shall also be completed when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and abusiveness. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. The auditor conducted interviews with the Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite portion of the audit. The auditor reviewed detainee files of the initial and reassessments for the risk of sexual victimization or abusiveness and any detainees that were reassessed.

**115.41 (h)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions. The auditor conducted an interview with staff responsible for risk screening and determined that staff does not impose disciplinary sanctions for detainees who refuse to answer any questions during the risk assessment.

**115.41 (i)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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 inmates/detainee's detriment by staff or other inmates/detainees' measures taken include but not limited to: Sexual abuse screening interviews with inmates/detainees at intake shall be conducted with as much privacy as is reasonable given security and safety concerns. An inmate/detainee shall not be permitted to complete his/her own 14-2B form (or contracting agency assessment form) or utilize assistance from other inmates/detainees to complete the form. All 14-2B forms shall be completed by staff. Inmates/detainees shall not be permitted to have access to files containing assessment forms belonging to other inmates/detainees. The auditor conducted interviews with the PREA Coordinator, PREA Compliance Manager and Staff Responsible for Risk Screening.

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.42: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each detainee?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex detainee to a facility for male or female detainees, does the **agency** consider, on a case-by-case basis whether a placement would ensure the detainee's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns detainees to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex detainees, does the agency consider on a case-by-case basis whether a placement would ensure the detainee's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex detainee reassessed at least twice each year to review any threats to safety experienced by the detainee?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex detainee'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  No



#### 115.42 (f)

- Are transgender and intersex detainees given the opportunity to shower separately from other detainees?  Yes  No

#### 115.42 (g)

- 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 detainees, does the agency always refrain from placing: lesbian, gay, and bisexual detainees 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 detainees pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex detainees, does the agency always refrain from placing: transgender detainees 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 detainees pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex detainees, does the agency always refrain from placing: intersex detainees 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 detainees pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
14-2B Sexual Abuse Screening Tool-Initial and 30-day update  
OMS Alert Screen  
Initial Housing Review for Transgenders  
Housing Review for Transgenders  
Six-month Housing Review  
Designated shower times for Transgender/Intersex

**Interviews:**

- PREA Compliance Manager
- Staff Responsible for Risk Screening
- Transgender/Intersex Inmates
- PREA Coordinator
- Transgender/Intersex/Gay/Lesbian Inmates

**Site Observations:**

- Privacy from cross-gender viewing
- Opposite Gender Announcements

**Findings: Use of screening information.**

**115.42 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. All inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work education, and program assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Housing and program assignments. The facility shall use the information from the 14-2B Sexual Abuse Screening Tool, or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments, in the consideration of housing recreation, work program and other activities. The facility makes individualized case by case determinations about how to ensure the safety of each inmate/detainee. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk of Screening during the onsite portion of the audit.

**115.42 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The facility makes individualized case by case determinations about how to ensure the safety of each inmate/detainee. The auditor interviewed the Staff Responsible for Risk Screening during the onsite portion of the audit. The auditor conducted an interview with Staff Responsible for Risk Screening during the onsite portion of the audit.

**115.42 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. In deciding whether to house a transgender/intersex inmate/detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems. Interviews were conducted with the PREA Compliance Manager and Transgender/Intersex detainees during the onsite portion of the audit.

**115.42 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Placement and programming assignments for each transgender or intersex inmate/detainee shall be reassessed at least twice each year whether any threats to safety were experienced by the inmate/detainee. Interviews were conducted with the PREA Compliance Manager and Staff Responsible for Risk

Screening during the onsite portion of the audit. Documentation of reassessment of programming assignments for each transgender followed the standard.

**115.42 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Transgender or intersex inmate/detainee gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments. Interviews were conducted with the PREA Compliance Manager, Staff Responsible for Risk Screening and Transgender detainees during the onsite portion of the audit.

**115.42 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees. Interviews were conducted with the PREA Compliance Manager, Staff Responsible for Risk Screening and Transgender detainees during the onsite portion of the audit.

**115.42 (g)** The establishment of a unit, pod or wing solely dedicated to the housing of LGBTI and/or Gender Non-Conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority. Interviews were conducted with the PREA Coordinator, PREA Compliance Manager and Transgender/Intersex/Gay/Lesbian detainees during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.43 (a)

- Does the facility always refrain from placing detainees at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the detainee in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign detainees at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the detainee's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each detainee who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making compliance determination:**

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management

**Interviews:**

- Warden or Designee
- Staff who supervise inmates in segregated housing
- Inmates in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

**Findings: Protective custody.**

**115.43 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees at high risk for sexual victimization shall not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing the assessment. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. Interviews with the Warden/Designee determined that no detainees were housed for high risk of sexual victimization in restrictive housing.

**115.43 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees placed in restrictive housing pursuant to section I.8 above shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations. The auditor conducted interviews with Staff who supervise Inmates in segregated housing during the onsite portion of the audit.

**115.43 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged and such an assignment shall not ordinarily exceed a period of 30 days. Interviews were conducted with the Warden/Designee and Staff who supervise inmates in segregated housing during the onsite portion of the audit. Inmates are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days: 0.

**115.43 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. If voluntary restrictive housing is warranted as outlined above the documentation of such action shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. There were no detainees at risk of sexual victimization held in involuntary segregated housing in the past 12 months.

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

separation from the general population. The auditor conducted an interview with staff who supervise inmates in segregated housing during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

## REPORTING

### Standard 115.51: Detainee reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for detainees to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for detainees to privately report retaliation by other detainees or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for detainees to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for detainees to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the detainee to remain anonymous upon request?  Yes  No
- Are detainees detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses detainees detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.51 (d)



- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of detainees?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
 Detainee Notices posted in housing areas by phone on how to report sexual abuse (phone numbers and addresses) DOT Tip lines, DOC OIG numbers, Internal PREA hotline numbers, Anonymous reports.  
 USMS detainees include a copy of the USMS Pamphlet  
 ICE detainees-ICE PREA Pamphlet/poster  
 Monitored calls  
 Emotional Support Number/Rape Crisis Center hotline  
 Third Party reporting  
 Consular Official contact information

#### Interviews:

- Random Sample of Staff
- Random Sample of Inmates

#### Findings: Inmate reporting.

**115.51 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates/detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point of contact line officer by using any of the following methods: verbally reporting to any employee, including the facility Chaplain, submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call, or calling the facility 24-hour toll-free notification telephone number, forwarding a letter sealed and marked “confidential” to the Warden/Facility Administrator or any other employee, calling or writing someone outside of the facility who can notify facility staff, contacting the facility PREA Compliance

Manager, Electronically reporting allegations of sexual abuse and harassment to the PREA Mailbox listed in the CORES system (where available). Inmate/Detainees may report allegations of sexual abuse and sexual harassment by contacting any of the following: USMS detainees have pertinent information posted in each unit concerning procedures for reporting a sexual assault to staff, to the US Marshal, the Field Office Director, or the Office of Inspector General (OIG) by mail or by telephone at 1-800-\*\*\*-\*\*\*\*. Posting throughout facility provide instructions on how to make calls from the detainee telephone system. To remain anonymous detainees, enter the pin number 64\*\*, detainees then follow the process for the local Nevada Hotline, USMS, and NSDC Facility Hotline. Interviews were conducted with a Random Sample of Staff and a Random Sample of detainees during the onsite portion of the audit. The auditor made observations during the site review of all the detainee information displayed throughout the facility.

**115.51 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request. The following Non-CoreCivic and Non-Contracting agency reporting mechanism or process (including anonymous) has been established: Inmates/detainees can call the Hotline or by phone/mail write to the Las Vegas Rape Crisis Center. Inmates/detainees detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Interviews were conducted with the PREA Compliance Manager and a Random Sample of detainees during the onsite portion of the audit. The facility had the information for detainees detained solely for civil immigration purposes displayed and readily available.

**115.51 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. Interviews were conducted with a Random Sample of Staff and a Random Sample of detainees during the onsite portion of the audit.

**115.51 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-\*\*\*-\*\*\*\* or through [www.CoreCivic.ethicspoint.com](http://www.CoreCivic.ethicspoint.com). The auditor conducted an interview with a Random Sample of Staff during the onsite portion of the audit.

The NSDC had a detailed Memorandum of Understanding with the external reporting entity to ensure the proper reporting procedures for this standard. The detainees had multiple ways and multiple hotline numbers with detailed instructions on how to make the calls, if needed. The facility had multiple ways for detainees to obtain access to include Limited English Proficiency with Language Line posters displayed for detainees to identify the language needed and the Language Line information in each detainee housing area in the office for staff to make contact as needed. The auditor test the Language line onsite for detainees that spoke mandarin and another difficult language making the calls a success with the utilization of the language line. The information is displayed in areas of the facility and is made readily available to the detainee population on large bulletin boards in every location. The information is provided through the intake process, posted, and displayed in all locations, and through a handbook exceeding the standard.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address detainee grievances regarding sexual abuse. This does not mean the agency is exempt simply because a detainee 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  No

#### 115.52 (b)

- Does the agency permit detainees to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a detainee to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: A detainee who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by detainees in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the detainee in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the detainee does not receive a response within the time allotted for reply, including any properly noticed extension, may a detainee consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (e)

- Are third parties, including fellow detainees, staff members, family members, attorneys, and outside advocates, permitted to assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of detainees? (If a third-party file such a request on behalf of a detainee, 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.)  Yes  No  NA
- If the detainee declines to have the request processed on his or her behalf, does the agency document the detainee's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a detainee is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a detainee is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  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.)  Yes  No  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.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the detainee is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines a detainee for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the detainee filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

#### Interviews:

- PREA Coordinator
- Warden/Designee

#### Site Observations:

- Investigations

#### Findings: Exhaustion of administrative remedies.

**115.52 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. Should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or administrative duty officer for investigation and reporting in accordance with this policy. All inmate/detainee grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 IRD.

**115.52 (b)** All inmate/detainee grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 IRD.

**115.52 (c)** All inmate/detainee grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 IRD.

**115.52 (d)** All inmate/detainee grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 IRD.

**115.52 (e)** All inmate/detainee grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 IRD.

**115.52 (f)** All inmate/detainee grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 IRD.

**115.52 (g)** All inmate/detainee grievances alleging sexual abuse and sexual harassment shall be reported in the 5-1 IRD.

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.53: Detainee access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide detainees with access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.53 (b)**

- Does the facility inform detainees, 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  No

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide detainees with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### **Auditor Overall Compliance Determination**



- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Memorandum of Understanding with Rape Crisis Center  
 Posting in detainee housing with hotline numbers  
 CoreCivic 14-2AA in English/Spanish

#### Interviews:

- Random Sample of Inmates
- Inmates who Reported a Sexual Abuse

#### Site Observations:

- Rape Crisis Information Hotline numbers and addresses displayed

#### Findings: Inmate access to outside confidential support services.

**115.53 (a)** CoreCivic 14-2 Policy Sexual Abuse Prevention and Response. Inmates/detainees have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing, addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crises organizations. The following community agencies provide emotional support services: The Las Vegas Rape Crisis Center. Reasonable communication between inmates/detainees and the posted numbers for emotional support or advocacy services shall be permitted in as confidential manner as possible. The facility shall post the extent to which such communication will be monitored and/or recorded. The facility shall have a process a place to ensure that written correspondence between inmates/detainees and these agencies may remain confidential. Contact information for immigrant services agencies shall be provided only for persons detained solely for civil immigration purposes. Interviews were conducted with a Random sample of staff and inmates who reported a sexual abuse during the onsite portion of the audit.

**115.53 (b)** CoreCivic 14-2 Policy Sexual Abuse Prevention and Response. Inmates/detainees shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Consistent with applicable laws and emotional support service provider policy, information shall be reported to the facility without the inmate/detainee's consent, in the event that the inmate/detainee 1. Threatens suicide or to commit other harm to self, 2. Threatens to harm another

person, 3. Shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult, 4. Threatens the security of the facility or to escape. If confidential information must be disclosed, facility staff will not share any information beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. Interviews were conducted with a Random sample of staff and inmates who reported a sexual abuse during the onsite portion of the audit.

**115.53 (c) CoreCivic 14-2 Policy Sexual Abuse Prevention and Response.** The facility had a Memorandum for Understanding between Community Action Against Rape Crisis Center and the CoreCivic agency.

Observation: Reporting §115.53 Inmate access to outside confidential support services. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

b) The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Recommendation:

The facility policy confirms that detainees will have access to outside victim advocates for emotional support services referenced in 14-2 Sexual Abuse Prevention and Response for the Nevada Southern Detention Center policy section F. 3. Detainees shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility had an MOU with the Community Action Against Rape DBA the Rape Crisis Center and agrees to process incoming reporting information by mail from the facility. The auditor conducted an interview with the CAAR/Rape Crisis Center and confirmed that any mail received from the facility would be processed. The facility had highly informative signs posted throughout the facility with the Toll-free numbers in both English and Spanish to the Rape Crisis Center. The facility had the Rape Crisis Center address available to the inmates upon request.

The auditor discussed the standard and recommendation with the facility. The auditor recommended for the facility to add the Rape Crisis Center address to the poster for immediate accessible to the detainee population. The facility immediately updated the sign with the address to the Rape Crisis Center and posted the signs in every housing unit the same day of the observation (9/28/2020). The auditor verified the posting during the site review on 9/28/2020 with no further action was required.

The auditor conducted the facility site review on 9/28/2020 and observed several doors with no labels and were identified by the facility as detainee restrooms. The auditor recommended for the facility to label the restrooms as detainee/inmate restrooms for clear visibility and easy identification. The detainee restrooms were labeled immediately with no further action required.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a detainee?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic website PREA information  
Posters displayed in lobby and visitation areas  
CoreCivic Ethics information displayed  
ICE detainees Poster

#### Interviews:

- Random Sample of detainee Interviews

#### Site Observations:

- Information displayed

**Findings: Third-party reporting.**

**115.54 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic’s 24-hour Ethics line at 1-866-\*\*\*-\*\*\*\* or through [www.CoreCivic.ethicspoint.com](http://www.CoreCivic.ethicspoint.com).

**Reporting Allegations of Sexual Abuse/Sexual Harassment**

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment, including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including, but not limited to:

Send a letter to the warden of the facility at the address provided on our facility locator. Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities. Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided. Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-800-461-9330 or e-mail [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline) It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to successfully conduct the investigations.

**Corrective Action:** The auditor recommends no corrective action.

**OFFICIAL RESPONSE FOLLOWING AN DETAINEE REPORT**

**Standard 115.61: Staff and agency reporting duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.61 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against detainees or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- 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  No

**115.61 (b)**

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent

necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- 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  No
- Are medical and mental health practitioners required to inform detainees of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- 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  No

#### 115.61 (e)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

##### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic Policy 5-1 Incident Reporting  
Ethics Line Poster  
State Statue for Vulnerable Adult Statue  
5-1G Incident Investigation Report

##### Interviews:

- Random Sample of Staff

- Medical and Mental Health Staff
- Warden or Designee
- PREA Coordinator

**Site Observations:**

- The Ethics Line-CoreCivic’s Ethics & Compliance Office

**Findings: Staff and agency reporting duties.**

**115.61 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. In accordance with this policy, employees/contractors are required to report immediately any knowledge suspicion, or information regarding, an incident of sexual abuse or sexual harassment that has occurred in any facility (including a facility that is not part of CoreCivic). Interviews were conducted with a Random Sample of Staff during the onsite portion of the audit.

**115.61 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. Interviews were conducted with a Random Sample of Staff during the onsite, portion of the audit. The Ethics Line was displayed for staff to report misconduct, raise concerns, seek guidance, and ask questions. The Ethics line is available 24/7 and may be called by phone or online at [www.corecivic.ethicspoint.com](http://www.corecivic.ethicspoint.com). You may choose to provide your name, or you may choose to remain anonymous.

**115.61 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in this policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmates/detainees of their professional duty to report and the limitations of confidentiality. Interviews were conducted with Medical and Mental Health Staff during the onsite portion of the audit.

**115.61 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. If the alleged victim is under the age of 18 or is considered a vulnerable adult under a state or local vulnerable persons’ statue the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency under applicable mandatory reporting laws. Interviews were conducted with the Warden/Designee and the PREA Coordinator during the onsite portion of the audit.

**115.61 (e)** The NSDC reports all allegations of sexual abuse and sexual harassment for administrative and criminal investigation. The 5-1G Incident Investigation Report, a 5-1G Incident Investigation Report must be completed for all priority PREA and I Incidents by a supervisory level employee, to be determined by the ADO, not involved in the incident. The auditor conducted an interview with the Warden during the onsite portion of the audit. The auditor reviewed Incident Investigation Reports during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.62: Agency protection duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.62 (a)**



- When the agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the detainee?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
PREA Overview Participant Workbook  
PREA Overview Facilitator Guide  
First Responders

#### Interviews:

- Agency Head
- Warden or Designee
- Random Sample of Staff

#### Site Observations:

- Zero-Tolerance signs displayed throughout facility

#### Findings: Agency protection duties.

**115.62 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. When it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. In the past 12 months, the number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse: 0.

Interviews were conducted with the Agency Head, Warden or Designee and Random Sample of Staff during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.63: Reporting to other confinement facilities

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.63 (a)

- Upon receiving an allegation that a detainee 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  No

### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## The following evidence was analyzed in making compliance determination:

### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
5-1 Reports of allegations received from another facility  
NTA's and email notification made to another facility

### Interviews:

- Agency head
- Warden or designee

**Findings: Reporting to other confinement facilities.**

**115.63 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The Warden/Facility Administrator of the facility that received the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation.

**115.63 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The Warden/Facility Administrator of the facility that received the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. A copy of the statement of the inmate/detainee shall be forwarded to the appropriate official at the location where the incident was reported.

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

**115.63 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Upon receiving notification from another facility that an incident/allegation of sexual abuse occurred while the inmate/detainee was previously confined at the facility, the following actions shall be taken. In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility:  
1. The auditor conducted an interview with the Warden during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.64: Staff first responder duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.64 (a)**

- Upon learning of an allegation that a detainee was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a detainee 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  No
- Upon learning of an allegation that a detainee was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a detainee 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  No

## 115.64 (b)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
PREA Overview Participant Workbook  
PREA Overview Facilitator Guide  
First Responder Cards (carried by employees)  
14-2 C Sexual Abuse Incident Checklist  
Reports of incidents requiring first responders to sexual assault

#### Interviews:

- Security Staff and Non-Security Staff First Responders
- Inmates who Reported a Sexual Abuse
- Random Sample of Staff

#### Site Observations:

- First Responder Staff/Cards
- Investigation Review/Incident report

#### Findings: Staff first responder duties.

**115.64 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Response Procedures: When it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. Upon learning of a sexual abuse, or an allegation, the first security responder is required to complete the following: separate the alleged victim from the alleged abuser. When the alleged abuser is an inmate/detainee, he/she shall be secured in a single cell (if available) to facilitate the collection of evidence if required. Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation.

Ensure that the alleged victim is taken to the facility Health Services Department and notify the highest supervisory authority on-site. While in the Health Services Department, and if the abuse occurred within a time period 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 an inmate/detainee, 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. In the past 12 months, the number of allegations that an inmate was sexually abused: 5. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 3. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 1. Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report: 1. The auditor conducted interviews with the Security Staff and Non-Security Staff First Responders and Detainees who reported a sexual abuse during the onsite portion of the audit. All employees interviewed as security and non-security were knowledgeable of their first responder duties and were able to thoroughly explain the process.

**115.64 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. If the first staff responders 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. Of those allegations responded to first by a non-security staff member, the number of times that the staff member: 0. The auditor conducted interviews with security and non-security staff and the agency trains all employees as first responders. A random sample of staff determined that employees are trained as first responders and understand their duties to report.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse and Response  
Sexual Abuse Response Team (SART)  
14-2C Sexual Abuse Incident Checklist  
Incident reports with first responders  
First Responder Cards

#### Interviews:

- Warden or Designee

#### Site Observations:

- Employees with First Responder Cards

#### Findings: Coordinated response.

**115.65 (a)** CoreCivic Policy 14-2 Sexual Abuse and Response. Coordinated Response/Sexual Abuse Response and Review Team (SART). In order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that shall include, but is not limited, to the following positions: PREA Compliance and/or Administrative Duty Officer (ADO)-The ADO on-site or on-call is responsible for the overall coordinator of the facility response to an incident of sexual abuse to ensure the policy is implemented. The Medical Representative, Security Representative, Mental Health Representative and Victim Service Coordinators. The SART team assignments as outlined for a response to an immediate report of Sexual Abuse shall be made by the PREA Compliance Manager, ADO, or highest-ranking authority on-site. The Warden/Facility Administrator shall designate full time SART members to coordinate the after-action response to an incident of sexual abuse. These SART responsibilities shall include a variety of responsibilities outlined in the SART procedures. The auditor reviewed a sample of investigative reports and additional documentation during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.66: Preservation of ability to protect detainees from contact with abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.66 (a)

- 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 detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

#### Interviews:

- Agency Head

#### Findings: Preservation of ability to protect inmates from contact with abusers.

**115.66 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Neither CoreCivic, nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any inmates/detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this requirement shall restrict the entering or renewal of agreements that govern i. and ii. The Nevada Southern Detention Center is not subject to collective bargaining. Interviews were conducted with the Agency Head during the audit process.

**115.66 (b)** N/A

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.67: Agency protection against retaliation

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.67 (a)

- Has the agency established a policy to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services, for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

### 115.67 (c)

- 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 detainees or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff?  Yes  No
- 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 detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff?  Yes  No
- 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  No
- 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 detainee disciplinary reports?  Yes  No
- 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 detainee housing changes?  Yes  No
- 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 detainee program changes?  Yes  No
- 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  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of detainees, does such monitoring also include periodic status checks?  Yes  No

#### 115.67 (e)

- 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  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

##### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
 CoreCivic Code of Ethics  
 5-1 Reports (Administrative Leave /No Contact Post)  
 14-2C Checklist (Retaliation Monitoring)  
 14-2D PREA Retaliation Monitoring Report

**Interviews:**

- Agency Head
- Warden or Designee
- Designated Staff Member Charged with Monitoring Retaliation (or Warden)
- Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)
- Inmates who Reported a Sexual Abuse

**Site Observations:**

- Investigation Files

**Findings: Agency protection against retaliation.**

**115.67 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates/detainees or staff. The NSDC designated the Chief of Classification and PREA compliance managers as staff responsible for monitoring for retaliation.

**115.67 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. ADO staff, or the Warden/Facility Administrator will determine, on a case-by-case basis, whether or not place of staff member in a non-contact role with the victim and/or other inmates/detainees is warranted. This determination will consider the gravity and credibility of the allegation. The facility employs multiple protection measures to monitor retaliation against inmates/detainees including but are not limited to (a) housing changes or transfers for inmate/detainee victims or abusers, (b) removal of alleged staff or inmate/detainee abusers from contact with victims (c) emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, (d) periodic status checks, and (e) monitoring disciplinary reports, housing or program changes. Interviews were conducted with the Agency Head, Warden or Designee, Designated Staff Member Charged with Monitoring Retaliation (or Warden if none-available), Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) and Inmates who Reported a Sexual Abuse during the audit process.

**115.67 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. For at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates/detainees who reported sexual abuse and inmates/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30/60/90) or contracting agency equivalent form. The NSDC designated staff for conducting the inmate/detainee 30/60/90-day monitoring is the Classification Coordinator and PREA Compliance Manager. The auditor reviewed monitoring for retaliation during the onsite portion of the audit. Interviews were conducted with the Warden or Designee and the Designated Staff Member Charged with Monitoring Retaliation during the audit portion.

**115.67 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The facility shall employ multiple protection measures to monitor retaliation against inmates/detainees including but are not limited to (a) housing changes or transfers for inmate/detainee victims or abusers, (b) removal of alleged staff or inmate/detainee abusers from contact with victims (c) emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, (d) periodic status checks, and (e) monitoring disciplinary reports, housing or program changes.

The facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicated a continuing need. The auditor conducted an interview with the Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.

**115.67 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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. Interviews were conducted with Warden or Designee during the onsite portion of the audit.

**115.67 (f)** N/A

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.68: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.68 (a)

- Is any and all use of segregated housing to protect a detainee who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

##### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

##### Interviews:

- Warden or Designee
- Staff who Supervise Inmates in Segregated Housing

**Findings: Post-allegation protective custody.**

**115.68 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0. Nevada Southern Detention Center has not used segregated housing to protect a detainee who alleged to have suffered a sexual abuse in 2020. Interviews were conducted with the Warden or Designee and Staff who Supervise Inmates in Segregated Housing. No interviews were conducted with Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse).

**Corrective Action:** The auditor recommends no corrective action.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)



- 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  No

#### 115.71 (e)

- 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 detainee or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- 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  No

#### 115.71 (g)

- 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  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
 MOU Law Enforcement agency for sexual abuse investigations  
 Reports with referrals to law enforcement  
 CoreCivic Investigator Certificates-PREA Investigator Training  
 Administrative Investigations  
 1-15B CoreCivic Record Retention Schedule

#### Interviews:

- Investigative Staff
- Inmates who Reported a Sexual Abuse
- Warden or Designee
- PREA Coordinator
- PREA Compliance Manager

#### Site Observations:

- Investigative Reports

#### Findings: Criminal and administrative agency investigations.

**115.71 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The NSDC had a policy related to criminal and administrative agency investigations. The auditor conducted interviews with investigative staff responsible for conducting sexual abuse investigations. The auditor reviewed a sample of investigative records/reports for allegations of sexual abuse or sexual harassment.

**115.71 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The auditor reviewed investigators currently employed who have been employed who have completed the required specialized training. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

**115.71 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. A review of the specialized training and verification of the training for investigative staff were reviewed by the auditor for compliance. A sample of investigative reports were reviewed during the onsite portion of the audit.

**115.71 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. A review of the specialized training and verification of the training for investigative staff were reviewed by the auditor for compliance. A sample of investigative reports were reviewed during the onsite portion of the audit.

**115.71 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate 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. Interviews were conducted with investigative staff and inmates/detainees who reported a sexual abuse during the onsite audit.

**115.71 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Interviews were conducted with investigative staff during the onsite portion of the audit. The auditor reviewed a sample of administrative investigations. The auditor conducted interviews with investigative staff and reviewed sample of investigative reports.

**115.71 (g)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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 auditor reviewed a sample of investigations during the onsite portion of the audit.

**115.71 (h)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The facility had a Memorandum of Understanding-Sexual Abuse Investigations with the Nye County Sheriff's Department (Investigating Agency). Upon receipt of a referral from facility in accordance with the investigating agency will coordinate and conduct a criminal investigation in accordance with the PREA standards.

**115.71 (i)** The auditor reviewed a sample of investigations during the onsite portion of the audit and the facility retains all written reports pertaining to the administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years.

**115.71 (j)** Interviews with investigative staff determined that 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.

**115.71 (k)** N/A

**115.71 (l)** Interviews conducted with the Warden, PREA Compliance Manager and Investigative staff to include a review of a sample of investigations determined when outside investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.72 (a)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
NIC/PREA Investigator Curriculum  
Investigative Reports (5-1, Tool L, Outside Agency)

#### Interviews:

- Investigative Staff

#### Site Observations:

- Investigative Reports

#### Findings: Evidentiary standards for administrative investigations.

**115.72 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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 evidenced standard for determining whether sexual abuse or sexual harassment has taken place. The auditor conducted interviews with investigative staff during the onsite portion of the audit. The auditor verified the PREA investigative training through Relias Learning PREA Investigation Protocols.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.73: Reporting to detainees

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into a detainee's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the detainee as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into a detainee's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the detainee? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following a detainee's allegation that a staff member has committed sexual abuse against the detainee, unless the agency has determined that the allegation is unfounded, or unless the detainee has been released from custody, does the agency subsequently inform the detainee whenever: The staff member is no longer posted within the detainee's unit?  Yes  No
- Following a detainee's allegation that a staff member has committed sexual abuse against the detainee, unless the agency has determined that the allegation is unfounded, or unless the detainee has been released from custody, does the agency subsequently inform the detainee whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a detainee's allegation that a staff member has committed sexual abuse against the detainee, unless the agency has determined that the allegation is unfounded, or unless the detainee has been released from custody, does the agency subsequently inform the detainee whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a detainee's allegation that a staff member has committed sexual abuse against the detainee, unless the agency has determined that the allegation is unfounded, or unless the detainee has been released from custody, does the agency subsequently inform the detainee whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following a detainee's allegation that he or she has been sexually abused by another detainee, 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  No
- Following a detainee's allegation that he or she has been sexually abused by another detainee, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

##### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention Response  
14-2E Inmate PREA Allegation Status Notification

##### Interviews:

- Warden or Designee
- Investigative Staff
- Inmates who Reported a Sexual Abuse

##### Findings: Reporting to inmates.

**115.73 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention Response. Following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. In the past 12 months: The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility: 5. Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 1. The auditor conducted interviews with the Warden or Designee, Investigative Staff, and Inmates who Reported a Sexual Abuse during the onsite portion of the audit.



The auditor reviewed a sample of investigations of sexual abuse or sexual harassment during the onsite portion of the audit.

**115.73 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention Response. Following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. In the past 12 months: The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency: 1. The number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 1. The auditor reviewed a sample of sexual abuse investigations during the onsite portion of the audit.

**115.73 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention Response. Following an inmate/detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee (unless the facility has determined that the allegation is unfounded) whenever: the employee is no longer posted within the inmate/detainee'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 convicted on a charge related to sexual abuse within the facility. Following an inmate/detainee's allegation that he/she has been sexually abused by another inmate/detainee, the facility shall subsequently inform the alleged victim. The auditor conducted interviews with inmates who reported a sexual abuse during the onsite portion of the audit. The auditor reviewed a sample of documentation of notifications during the onsite portion of the audit.

**115.73 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention Response. The facility learns that the alleged abuser has been indicated 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 auditor reviewed a sample of investigations and notifications and conducted interviews with inmates who reported a sexual abuse during the onsite portion of the audit.

**115.73 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention Response. All inmate/detainee notifications or attempted notifications shall be documented on the 14-2E shall be filed in the inmates/detainee's institutional file. In the past 12 months: The number of notifications to inmates that were provided pursuant to this standard: 1. The number of those notifications that were documented: 1. The auditor reviewed documentation of notifications during the onsite portion of the audit.

**115.73 (f)** N/A

**Corrective Action:** The auditor recommends no corrective action.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.76 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- 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  No

#### 115.76 (d)

- 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  No
- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### The following evidence was analyzed in making compliance determination:

##### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic Code of Conduct Acknowledgement Form  
5-1 Incident Report/Tool L Investigation Report/Staff termination  
HR Termination Reports  
Notifications to Law Enforcement

**Findings: Disciplinary sanctions for staff.**

**115.76 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.

**115.76 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. In the past 12 months: The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. The auditor reviewed employee files for terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies. The auditor conducted interviews with the Warden and Human Resources staff during the onsite portion of the audit.

**115.76 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0.

**115.76 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.77: Corrective action for contractors and volunteers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with detainees?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

**115.77 (b)**

- 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 detainees?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic Policy 22-1 Volunteer Services and Management  
14-2 K PREA Overview: Training for Contractors and Volunteers  
5-1 Reports/Incident Investigation Reports

#### Interviews:

- Warden

#### Site Observations:

- Facility Samples/documentation

#### Findings: Corrective action for contractors and volunteers.

**115.77 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response/ CoreCivic Policy 22-1 Volunteer Services and Management. Any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmates/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates: 0. The auditor reviewed samples of the documentation of referrals and investigative reports.

**115.77 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a civilian or contract will result in appropriate corrective action up to and including restricting contact with inmates/detainees and removal from the facility. The auditor conducted an interview with the Warden and a review of documentation and determined that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual or sexual harassment policies by contractor or volunteer.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.78: Disciplinary sanctions for detainees

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.78 (a)

- Following an administrative finding that a detainee engaged in detainee-on-detainee sexual abuse, or following a criminal finding of guilt for detainee-on-detainee sexual abuse, are detainees subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories?  Yes  No

### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

### 115.78 (d)

- 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 detainee to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

### 115.78 (e)

- Does the agency discipline a detainee for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

### 115.78 (f)

- 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  No

### 115.78 (g)

- If the agency prohibits all sexual activity between detainees, does the agency always refrain from considering non-coercive sexual activity between detainees to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between detainees.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic Policy 15-1 Offense and Penalty Code  
CoreCivic Policy 15-2 Disciplinary Procedures

#### **Interviews:**

- Warden
- Medical and Mental Health Staff

#### **Site Observations:**

- Investigative Reports

#### **Findings: Disciplinary Sanctions for inmates.**

**115.78 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate/detainee engaged in inmate/detainee on inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee on inmate/detainee sexual abuse. In the past 12 months the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 2. The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.

**115.78 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history, and the sanctions imposed for comparable offenses by other inmates/detainees with similar histories. The auditor conducted an interview with the Warden during the onsite portion of the audit. The auditor reviewed investigative reports during the onsite portion of the audit.

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



The auditor conducted an interview with the Warden during the onsite audit process. The auditor reviewed investigative reports and documentation.

**115.78 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. The auditor conducted interviews with Medical and Mental Health staff during the onsite portion of the audit.

**115.78 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. An inmate/detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. The auditor reviewed investigation and documentation during the onsite portion of the audit.

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

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

**Corrective Action:** The auditor recommends no corrective action.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the detainee is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison detainee has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the detainee is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the detainee is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting unless the detainee is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
14-2-B Screening Forms  
Referral Forms/Medical and Mental Health

#### Interviews:

- Inmates who Disclose Sexual Victimization at Risk Screening
- Staff Responsible for Risk Screening

**Findings: Access to emergency medical and mental health services.**

**115.81 (a/c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioner or other qualified professional within 14 days of the intake screening. Inmates/detainees at risk of sexual victimization will be identified, monitored, and counseled. The auditor reviewed inmate files with documentation of compliance for the follow up meetings to medical and mental health as required. Interviews were conducted with Inmates who disclose sexual victimization at risk screening and staff responsible for risk screening.

**115.81 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmates/detainees, excluding jail inmates/detainees, identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a mental health practitioner or other qualified professional within 14 days of the intake screening. Inmates/detainees with a history of sexually assaultive will be identified, monitored, and counseled. The auditor reviewed inmate files with documentation of compliance for the follow up meetings to medical and mental health as required. Interviews were conducted with Inmates who disclose sexual victimization at risk screening and staff responsible for risk screening.

**115.81 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. A review of inmate files and medical staff determined that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The auditor reviewed the Assessment Questionnaire Information 14-2B during the onsite portion of the audit.

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

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.82: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.82 (a)**

- Do detainee 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  No

**115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are detainee victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic Policy 13-79  
13-79 Protocol

#### Interviews:

- Medical and Mental Health Staff
- Security Staff and Non-Security Staff First Responders
- Inmates who Reported a Sexual Abuse

#### Findings: Access to emergency medical and mental health services.

**115.82 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Qualified Health Care Professional (QHCP)-includes physicians, physician assistants, nurse practitioners, dentist, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice acts to evaluate and care for patients. Interviews with Medical and Mental Health staff determined that the nature of such services are determined by their professional judgement. The auditor conducted interviews with Inmates who reported a sexual abuse during the onsite portion of the audit.

**115.82 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Interviews were conducted with Security Staff and Non-Security Staff first responders during the onsite portion of the audit. The auditor reviewed investigative reports during the audit process for immediate notifications to medical and mental health practitioners.

**115.82 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. NSDC patient inmate/resident will be transported to the following hospital: Desert View Regional Medical Center. The inmate/resident victims of sexual abuse will be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviews with Medical and Mental Health Staff and Inmates who Reported a Sexual Abuse were conducted during the onsite audit.

**115.82 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with Medical and Mental Health Staff and Inmates who Reported Sexual Abuse determined that the treatment services are provided to the victim without financial cost.

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.83 (b)**

- 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  No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.83 (d)**

- Are detainee 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 detainees*

who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)  Yes  No  NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be detainees who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (f)

- Are detainee victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

- 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  No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following evidence was analyzed in making compliance determination:



**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse and Response  
Memorandum of Understanding for Emotional Support Services  
Health Service follow-up care  
Referrals to Mental Health Services/Evaluation/14-2-B Screening Form

**Interviews:**

- Medical and Mental Health Staff
- Inmates who Reported a Sexual Abuse

**Findings: Ongoing medical and mental health care for sexual abuse victims and abusers.**

**115.83 (a)** NSDC offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. The auditor reviewed policy and procedures, interviewed medical and mental health, and conducted interviews with inmates who reported sexual abuse during the onsite portion of the audit.

**115.83 (b)** NSDC offer evaluation and treatment of such victims as appropriate to include follow-up services, treatment plans and referrals for continued care. The auditor conducted interviews with the Medical and Mental Health staff and inmates who reported a sexual abuse during the onsite portion of the audit. The auditor reviewed the memorandum of understanding with the Rape Crisis Center, comprehensive mental health evaluations, and assessment screenings as part of the audit process.

**115.83 (c)** Interviews with Medical and Mental Health Staff and a review of medical records/documentation demonstrated victims received medica/mental health services consistent with community level of care.

**115.83 (d)** NSDC did not have any female victims of sexual abuse requiring a pregnancy test upon review of the documentation. Interviews were conducted with inmates who reported a sexual abuse.

**115.83 (e)** NSDC did not have any female victims of sexual abuse requiring a pregnancy test upon review of the documentation. Interviews were conducted with the Medical/Mental Health Staff and Inmates who reported a sexual abuse.

**115.83 (f)** Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Interviews were conducted with inmates who reported a sexual abuse.

**115.83 (g)** Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with Medical and mental health staff and inmates who reported a sexual abuse determined that the services were provided without financial cost to the victim.

**115.83 (h)** NSDC conducts mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The auditor conducted interviews with Medical and mental health staff during the onsite portion of the audit. The auditor reviewed the assessment forms and referrals to medical and mental health for both victim and abuser.

**Corrective Action:** The auditor recommends no corrective action.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- 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  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- 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  No
- 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  No
- 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  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
14-2-F Forms of sexual abuse incidents

#### **Interviews:**

- Warden
- PREA Compliance Manager
- Incident Review Team

#### **Site Observations:**

- Sexual Abuse Incident Reports

#### **Findings: Sexual Abuse Incident Reviews**

**115.86 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 4. The auditor reviewed the Investigations and sexual abuse or assault incident review report 14-2F during the onsite portion of the audit.

**115.86 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Sexual Abuse Incident review shall occur within 30-days of the conclusion of the investigation. The auditor reviewed a sample of sexual abuse and sexual harassment investigations and determined that one report did not have the sexual abuse incident review conducted within the 30-day timeframe. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 1.

**115.86 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. In addition to the Warden/Facility Administrator, the incident review shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The auditor conducted an interview with the Warden during the onsite portion of the audit. The auditor reviewed the SAIR's reports.

**115.86 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Sexual Abuse Incident Reviews shall occur within 30-days of the conclusion of the investigation. 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 allegation was motivated by race, ethnicity, gender identity, LGBTI, 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. All findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. Completed 14-2F forms will be forwarded to the Warden/Facility Administrator, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator/designee. The auditor reviewed the Investigations and sexual abuse or assault incident review report 14-2F during the onsite portion of the audit. The auditor conducted interviews with the Warden, PREA Compliance Manager and Incident Review Team during the onsite portion of the audit.

**115.86 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The auditor reviewed the Investigations and sexual abuse or assault incident review report 14-2F during the onsite portion of the audit. The auditor conducted interviews with the Warden, PREA Compliance Manager and Incident Review Team during the onsite portion of the audit.

**Corrective Action:** The auditor recommends the following corrective action.

**FINDING: § 115.86 Sexual abuse incident reviews:**

**CORRECTIVE ACTION:** The auditor conducted the PREA Audit using the Adult Prisons and Jails Documentation Review of the facility Investigations and sexual abuse incident reviews. One of ten investigations reviewed during the onsite audit on 9/30/2020, did not have the Sexual Abuse Incident Review. The auditor reviewed investigation 2020-2302-\*\*\* [USM] completed by a trained Investigator. The investigation was completed on 1/21/2020 and determined to be unsubstantiated. There was no sexual abuse incident review conducted for this investigation per standard 115.86 (a/b).

*(a) The facility shall 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 (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.*

The auditor and facility administration discussed the required elements to meet the standard. The auditor, Warden and Classification Coordinator worked together to discuss the plan of action for the standard. The auditor instructed the facility to complete following as part of the corrective action plan.

- Review Investigation 2020-2302-\*\*\*
- Conduct the Sexual Abuse Incident Review (SAIR) with the current date of completion.
- Forward a copy of the SAIR to the auditor for final review

- Conduct and complete training for the staff responsible for the SAIR team (forward a copy to the auditor).
- Monitor the Sexual Abuse Incident Review process as required by the auditor.

The facility maintained good communication with the auditor throughout the corrective action phase by emails and other means of communication. The facility conducted a review of the investigation, conducted the training, and forwarded the signature logs to the auditor, and conducted the monitoring status for the duration required by the auditor. The facility met the requirements for each provision of the standard as part of the corrective action plan with no further action required.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- 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  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (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  No

#### 115.87 (d)

- 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  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its detainees? (N/A if agency does not contract for the confinement of its detainees.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### **Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic PREA Annual Reports (3-year period)  
Survey of Sexual Victimization

#### **Findings: Data Collection.**

**115.87 (a/c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 5-1BB PREA 5-1 IRD Incident Reporting Definitions. The auditor reviewed the SSV reports and data during the onsite portion of the audit.

**115.87 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 5-1BB PREA 5-1 IRD Incident Reporting Definitions. The auditor reviewed the SSV reports and data during the onsite portion of the audit.

**115.87 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. CoreCivic shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. All records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention or Records. The auditor reviewed the SSV reports and data during the onsite portion of the audit.

**115.87 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 5-1BB PREA 5-1 IRD Incident Reporting Definitions. The auditor reviewed the SSV reports and data during the onsite portion of the audit.



**115.87 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. 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. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30<sup>th</sup> or at a date requested by that Department. The auditor reviewed the SSV reports and data during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- 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  No

#### 115.88 (c)

- 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  No

#### 115.88 (d)

- 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  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

CoreCivic Policy 14-2 Sexual Abuse and Response  
CoreCivic PREA Annual Reports (3-year period)

#### Interviews:

- Agency Head
- PREA Coordinator
- PREA Compliance Manager

#### Findings: Data review for corrective action.

**115.88 (a)** CoreCivic Policy 14-2 Sexual Abuse and Response. The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include identifying problem areas and taking corrective action on an ongoing basis. The auditor conducted interviews with the Agency Head and PREA Compliance Manager during the onsite portion of the audit.

**115.88 (b)** CoreCivic Policy 14-2 Sexual Abuse and Response. CoreCivic will prepare an annual report of its findings and corrective actions for each facility, as well as the agency as whole. Such report shall include a comparison of the current years 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 auditor reviewed the annual reports to have comparison data of the current year.

**115.88 (c)** CoreCivic Policy 14-2 Sexual Abuse and Response. The CoreCivic Annual report shall be approved by the company Chief of Corrections Officer and made available to the public through the CoreCivic website. The agency makes its annual reports readily available to the public through the website: <https://www.corecivic.com/facilities/nevada-southern-detention-center>.

Facility PREA Policy (14-2): Download

PREA Audit Date or Scheduled Audit Date: July 24-26, 2017

PREA Audit Report: Download

PREA Audit Date or Scheduled Audit Date: March 2-4, 2015

**115.88 (d)** CoreCivic Policy 14-2 Sexual Abuse and Response. 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 auditor conducted an interview with the PREA Coordinator and PREA Compliance Manager for the audit process.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- 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  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**The following evidence was analyzed in making compliance determination:**

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response  
CoreCivic Facility webpage  
CoreCivic PREA Annual Report  
CoreCivic Policy Record Retention Schedule

**Interviews:**

- PREA Coordinator

**Findings: Data storage, publication, and destruction.**

**115.89 (a)** The agency ensures that incident-based and aggregate data are securely retained. The auditor conducted an interview with the PREA Coordinator for the audit process.

**115.89 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website: <https://www.corecivic.com/facilities/nevada-southern-detention-center>.

**115.89 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response. Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. There was personal identifiers on the publicly available data reviewed by the auditor on the website: <https://www.corecivic.com/facilities/nevada-southern-detention-center>.

**115.89 (d)** The agency shall maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

**Corrective Action:** The auditor recommends no corrective action.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.401 (a)**

- 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  No

**115.401 (b)**

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  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.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with detainees, detainees, and detainees?  Yes  No

#### 115.401 (n)

- Were detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

CoreCivic Nevada Southern Detention Center demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits,

and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview PREA Audit Report relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of inmates/detainees/residents, staff, supervisors, and administrators.

The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with inmates/detainees/residents. Inmates/detainee/resident were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*



CoreCivic Nevada Southern Detention Center publishes reports on their agency website and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by auditor. The agency website is: <https://www.corecivic.com/facilities/nevada-southern-detention-center>.

Facility PREA Policy (14-2): Download

PREA Audit Date or Scheduled Audit Date: July 24-26, 2017

PREA Audit Report: Download

PREA Audit Date or Scheduled Audit Date: March 2-4, 2015

PREA Audit Report: Download

The facility is compliant with the reporting process and standard for this recertification review period.

**Corrective Action:** The auditor recommends no corrective action.

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Noelda Martinez

12/27/2020

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.