

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

☐ Interim      ☒ Final

Date of Interim Audit Report: 5/22/2021      ☐ N/A

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

Date of Final Audit Report: 7/16/2021

## Auditor Information

Name: Ericka Sage	Email: erickasage11@yahoo.com
Company Name: PREA Audit Services, LLC	
Mailing Address: PO Box 3041	City, State, Zip: Salem, Oregon 97302
Telephone: (503) 586-8397	Date of Facility Visit: 4/6/2021-4/8/2021

## Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable): <a href="#">Click or tap here to enter text.</a>			
Physical Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: same as above		City, State, Zip: <a href="#">Click or tap here to enter text.</a>	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea">https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a>			

## 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: Steve Conry, Vice President, Core Services	Number of Compliance Managers who report to the PREA Coordinator: 68 indirect

Facility Information			
Name of Facility: Otay Mesa Detention Center			
Physical Address: 7488 Calzada DeLaFuente		City, State, Zip: San Diego, CA 92154	
Mailing Address (if different from above): PO Box 438150		City, State, Zip: San Diego, CA 92143	
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: <a href="http://corecivic.com/security-operations/prea">http://corecivic.com/security-operations/prea</a>			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: <a href="#">Click or tap here to enter text.</a>			
Warden/Jail Administrator/Sheriff/Director			
Name: Christopher LaRose			
Email: Christopher.LaRose@corecivic.com		Telephone: (619) 671-8701	
Facility PREA Compliance Manager			
Name: Jose Soto			
Email: Jose.Soto@corecivic.com		Telephone: (619) 671-8702	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Safieh Rashti			
Email: Safieh.Rashti@corecivic.com		Telephone: (619) 671-4011	
Facility Characteristics			
Designated Facility Capacity:		1970	
Current Population of Facility:		293	

Average daily population for the past 12 months:	295	
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:	18-70	
Average length of stay or time under supervision:	110 days	
Facility security levels/inmate custody levels:	Low, Medium, High	
Number of inmates admitted to facility during the past 12 months:	1164 USMS	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1108	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	621	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates 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 inmates: Select all that apply (N/A if the audited facility does not hold inmates 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 inmates:	455	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	133	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	27	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	66	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates 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 inmates, 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.	1
<b>Number of inmate housing units:</b>  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 inmates 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 inmates 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.	19
<b>Number of single cell housing units:</b>	1
<b>Number of multiple occupancy cell housing units:</b>	13
<b>Number of open bay/dorm housing units:</b>	6
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	38
<b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided?</b> <b>Select all that apply.</b>		<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> )
<b>Investigations</b>		
<b>Criminal Investigations</b>		
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>		0
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b> <b>Select all that apply.</b>		<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<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: <input type="checkbox"/> N/A	
<b>Administrative Investigations</b>		
<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>		2
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>		<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<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: Arizona DOC/CIU) <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.*

CoreCivic contracted with Ericka Sage, a U.S. Department of Justice (USDOJ) Certified Prison Rape Elimination Act (PREA) auditor for Adult Facilities to conduct an audit of Otay Mesa Detention Center (OMDC). This audit was conducted under a contract between CoreCivic and Ericka Sage, Owner of PREA Audit Services, LLC. The facility houses detainees from the Immigration Customs Enforcement (ICE) and the United States Marshal Services (USMS), however, this audit was conducted for USMS only. ICE audits through a different set of PREA standards and auditor.

Approximately 8 weeks ahead of time OMDC posted notice of onsite PREA audit notice, which was scheduled for April 6-8, 2021. The auditor requested the notice be posted in all places where it would be visible to inmates and staff. The auditor requested the areas should include, but not be limited to housing units, visiting areas, dining rooms, staff breakrooms, facility entrances, and indoor recreational spaces. The auditor requested the audit notice be posted in both Spanish and English, on brightly colored papers and laminated, if possible. If lamination was not possible, the auditor requested the facility to be prepared to replace the notice often. The auditor also clarified that housing units must include special housing units, such as disciplinary and administrative segregation. The Instruction that was provided to the facility was if it was requested by a detainee, segregation staff should provide the notices to inmates and should post them in an area they will clearly see (such as by the shower areas they all use) or provide to each inmate in-cell.

The facility provided a list of locations where the notice was posted. This list included every housing unit, medical dorms, TIFF room area, gymnasium, library, chapel, attorney visitation, court waiting area, dining halls, lobby, video visitation, intake, intake holding cell, discharge holding cell, staff time clocks, captain's office, and staff breakrooms. The facility said the notice was posted on February 12, 2021 and provided photo documentation of the posting in five areas. Interviews with inmates and staff verified the notice was posted and available prior to the onsite audit, however the auditor received no letters from inmates or staff before the onsite.

Prior to the onsite audit, the auditor also requested that mailroom staff should be instructed that they are not to inspect outgoing mail to the auditor. Once posted the auditor requested a list of locations the notice was posted, as well as a sampling of audit posting.

The auditor received access to a shared file with audit documentation on March 5, 2021.

The auditor reviewed the documentation provided by the facility/agency and exchanged communications prior to the onsite. The documentation provided to the auditor included the Pre-Audit Questionnaire (PAQ) and documentation requested in the PAQ and audit documentation checklist. The documentation sent to the auditor was well organized and easy to decipher. The auditor sent several questions to the facility via email that needed to be answered in response to the documentation that was provided. The auditor also sent a preliminary schedule for the onsite visit and provided instruction on what the auditor needed for the onsite visit. The auditor asked for a detailed list of staff and inmates that fit into the specialized protocol categories. The auditor also asked for a complete listing and

schedule for all staff, and a list of inmates to be provided on the first day of the audit, sorted both alphabetically and by housing unit.

The auditor sent an email to Just Detention International, the national PREA advocacy organization and requested that applicable information be provided on OMDC. A representative from JDI said a review of their database did not indicate they have received any information on OMDC in the past 12 months.

The auditor also did an internet search for applicable news articles and reviewed applicable information. The auditor reviewed past PREA audit reports for OMDC and reviewed the CoreCivic PREA webpage, annual reports, and other documentation provided on the website. The auditor also researched mandatory reporting requirements that are pertinent to the audit process.

The auditor conducted some interviews of supervisors over the phone the week prior to the onsite visit. The auditor interviewed the Human Resources Manager, Investigator, Warden, Food Services Manager, Physical Plant Supervisor, Mental Health supervisor, a Sergeant who supervises detainees in segregation, Medical Manager (as part of the Incident Review Team and as medical).

The auditor arrived onsite at OMDC on April 6, 2021 at 8:00 am. The auditor had an introductory meeting with key OMDC personnel, including the Warden, PREA Compliance Manager, Agency Director of PREA Compliance and Investigations and several other supervisors of various areas. The auditor introduced herself and gave an overview of the audit process and explained the work that had been completed prior to the onsite visit, as well as an overview of what to expect while the auditor was onsite.

Following the introductory meeting, the auditor was given a tour of the facility. The areas toured included: all housing units, dining room, kitchen, libraries (satellite and main), classrooms, program areas, staff offices, visiting room, closets, and other limited visibility areas, etc. The auditor was able to see opposite-gender staff announcing themselves when entering an inmate living area/housing unit. The auditor was able to view open and professional communication between staff and inmates. The auditor asked staff questions about doors remaining locked, propped open and other operational processes. The auditor had informal conversations with inmates about staff supervision, supervisor rounds and PREA. The auditor tested the inmate phone systems and left a "test" message on the PREA hotline. The PREA hotline did require the use of an inmate PIN number to leave a message, however staff do not have access to review the messages. Once contacted, the detainee's information is immediately forwarded to supervisors to ensure someone can interview the detainee. It does not include any information about the message that was left. The PCM was able to immediately forward the information for the test call to the auditor for review.

The auditor observed audit postings throughout the facility. Although the auditor did not receive any detainee mail, inmates said the audit postings had been posted for several weeks prior to the audit. The auditor also observed PREA information throughout the facility, including PREA posters, stenciled PREA hotline information on the walls and other PREA information posted on bulletin boards.

Once the auditor had toured the facility, the auditor began conducting detainee interviews. All interviews were in a private location, without other staff or detainees able to overhear. Detainee interviews were conducted on housing units and staff interviews were conducted in a private conference room.

Two detainees were interviewed from each housing unit utilizing the random detainee protocols. The auditor selected the fifth and tenth names in every housing unit to interview, with exception of the medical unit, the fifth was selected. A total of 13 random detainee interviews were completed from both male and female housing units. Detainees said they believed the facility was safe from sexual abuse



and sexual harassment, and many detainees understood what PREA was, and how to report something if it did occur.

The auditor conducted targeted detainee interviews based on lists that were provided from the facility of detainees that fit into targeted categories. The auditor was told there was no youthful detainees (verified from detainee lists), no transgender, gay, lesbian, bisexual or intersex detainees, and no detainees that were segregated for high risk of victimization. All reasonable efforts to conduct the required targeted inmate interviews were completed by the auditor. The auditor selected other detainees in targeted categories to ensure the minimum target interviews were conducted. The auditor did talk to detainees and staff and was unable to find any additional detainees who were not previously located by the facility. During targeted interviews, the auditor also asked random detainee questions.

The auditor pulled all 28 detainees who were interviewed files to verify PREA risk screening, detainee education and housing decisions were made in accordance with the standards. When reviewing files, the auditor noted that some detainee 30-day risk screenings and 30-day comprehensive education were late.

A staff roster was provided to the auditor, as well as a list of staff that fit into the specialized categories for interviews. Staff from all three shifts (day, swing, and graveyard) were selected to be interviewed, as well as random staff from both security and non-security. In addition to the specialized staff protocols, the auditor interviewed physical plant, mailroom, grievance, and training staff to discuss relevant standards. The staff was extremely helpful and forthcoming with information. All staff had a good understanding of the protocols to follow when a detainee has alleged sexual abuse or sexual harassment. Most staff had a laminated card they showed the auditor, which reminds staff of the first responder duties following an allegation of sexual abuse.

The following interviews were conducted:

- 13 Random Detainees (from every housing unit)
- 3 Detainees with a Physical Disability
- 1 Detainee who are Blind, Deaf or Hard of Hearing
- 9 Detainees who was Limited English Proficient (utilizing an interpreter)
- 0 Detainees with a Cognitive Disability
- 2 Detainees who Identified as Gay or Bisexual
- 1 Detainee who Reported Sexual Abuse
- 1 Detainee who Reported Victimization During a Risk Screening

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#### 28 Total Detainees Interviews

- 12 Random Staff Interviews (from all three shifts, and security and non-security)
- 3 Staff who Conduct Screening for Risk
- 1 Staff that Provides Inmate Intake Information
- 1 Human Resources
- 3 Supervisory Staff that Conduct Unannounced Rounds
- 3 Staff that is on the Incident Review Team
- 3 Mental Health Staff
- 1 Medical Staff
- 1 Warden
- 1 PREA Compliance Manager
- 1 PREA Coordinator
- 1 Agency Head Designee
- 3 First Responders (all random staff were asked first responder questions)



1 Administrative Investigator  
3 Staff who Supervise in Segregation  
4 Contractors  
0 Volunteers (the facility currently does not have any volunteers approved for entry to the facility)

Additional relevant information was discussed with:

1 Training Supervisor  
2 Physical Plant Staff  
1 Mailroom  
1 Grievance Coordinator

Staff that fit into multiple categories were interviewed with multiple protocol questions. 31 Total staff/contractors were interviewed by the auditor.

The auditor reviewed criminal history and training records for 11 volunteers and contractors. The auditor reviewed 32 staff files for criminal history check, application questions, and training records, etc. A completed listing of staff completion was also provided for criminal history checks and training records.

The auditor was also able to view intake information being provided to inmates, including a PREA risk screening that was conducted. The auditor reviewed a variety of files, including training information, inmate files, staff files, and other pertinent PREA information.

The facility said there were 15 allegations investigated as a possible PREA allegation in the 12 months prior to the audit. The auditor reviewed the investigative files, medical and mental health follow-up, and pertinent monitoring for retaliation and incident reviews completed for all 15 records. Five allegations were determined to not meet the definition of sexual abuse or sexual harassment.

Type	Substantiated	Unsubstantiated	Unfounded	Open/Pending
Sexual Abuse (Inmate-Inmate)	0	1	1	0
Sexual Harassment (Inmate-Inmate)	0	0	0	0
Sexual Abuse (Staff-Inmate)	0	0	7	0
Sexual Harassment (Staff-Inmate)	0	0	1	0
Other	0	0	5	0
<b>Total</b>	<b>15</b>			

On the last day of the audit, the auditor conducted an exit briefing with the Warden of the facility, the PREA Compliance Manager and other pertinent management team members at the facility to discuss the onsite audit and next steps. The auditor reported recommendations and compliance issues. The auditor discussed the corrective action plan. The auditor explained she would be reviewing notes, documentation, and observations, and would make compliance determinations. The auditor explained a report would be provided within 45 days (interim or final) depending on the need to go into corrective action longer than the 45-day period.

The following corrective action, and/or recommendations were provided to the facility verbally while onsite, and by email after the onsite visit. The corrective action plan was jointly developed, and the facility was provided options for compliance, based off the needs of the facility:

1. Replace curtains in detainee toilet and shower areas where the curtain has a gap in it. Provide the auditor with photo evidence it has been completed. Completed on 5/20/2021
2. Blur out the toilet area in cells that have cameras. Provide video evidence that it has been completed. Completed on 4/15/2021
3. Frost windows or use a magnet cover on detainee bathroom doors that have windows. Windows must be covered an additional one inch from the bottom, so if a staff walked past the restroom, they would not be able to see a detainee's genitals. Completed on 5/18/2021
4. Medical and Mental Health staff need to receive specialized training and the facility should continue to follow the process that has been developed to ensure they continue to receive the training. The training records were provided to the auditor.
5. 30-Day comprehensive PREA education for detainees should be sent to the auditor to ensure all detainees have received the education, as required. Documentation of the detainee education should be sent to the auditor. Completed
6. Provide all the 30-day PREA Risk Screenings for the next three months. Send the screenings, which include the date the detainee arrived at the facility and send them to the auditor every two weeks for review. All screenings should be on-time. Any late screenings may cause the facility to be in corrective action for an additional amount of time and/or cause the auditor to find a non-compliant determination with that standard. Completed
7. Ensure victim advocates are provided if requested for all investigatory interviews, including administrative investigations (not just during the forensic examinations). The detainees will need to know they can request this, so either the investigator should offer it prior to the investigative interview, or detainee education needs to be updated to include this information. Completed
8. Provide a 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, and that is able to receive and immediately forward detainee reports to agency officials, allowing a detainee to remain anonymous upon request. Completed

A full explanation of corrective action and/or recommendations will be provided in the corresponding narrative in each standard.

This facility PREA audit took place during a national pandemic (COVID-19), As such, interviews were conducted in areas that allowed social distancing, special precautions were taken place to ensure safety and there were limited operations of the facility, such as no visitors or volunteers.

Even with the limitations, the auditor was still able to conduct interviews onsite with the exception to the advocacy organization interview, volunteer interviews, Agency Head Designee interview and certain interviews with staff who are supervisors at the facility. All areas of the facility were still observed by a site review/tour. The auditor took proper precautions when entering quarantine units.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident 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.*



Otay Mesa Detention Center (OMDC) is a detention facility that houses detainees from the Immigration Customs Enforcement (ICE) and the United States Marshal Services (USMS). The facility is operated by CoreCivic, a private entity contracted for the confinement of detainees.

OMDC is a two-story facility that was constructed in 2015. OMDC houses audit male and adult female ICE and USMS detainees. There are approximately 37 acres, and 16 acres within the perimeter fence.

The facility has a designed capacity of 1572. Otay Mesa currently holds 888 detainees, ICE currently houses 330 males and 63 females and USMS houses 405 males and 87 female detainees.

The age range of the population was from 18-70 years old and did not house any youthful offenders. There were 1164 USMS detainees that were admitted to the facility in the 12 months preceding the audit. The facility houses low, moderate, and high custody USMS population.

Movement within the facility is coordinated by 2 central control officers and 3 corridor officers. Movement is coordinated by staff so as not to mix any of the various classifications at the same time. ICE and USMS detainees are kept separate at all times and do not share programming together.

ICE detainees are classified into four levels, identified by the color of their uniform. Low Level =Blue, Low-Moderate= Green, Moderate Level= Orange and High Level = Red. Pods A and K houses ICE females. Pods F, J, N and P houses ICE males. All these pods are "open bay". Each "open bay pod houses up to 128 Low Level ICE detainees with 8 beds in each bay.

B Pod houses USMS females. The pod holds up to 100 detainees with 2 detainees assigned to each cell. G Pod and H Pod houses USMS males. Each pod holds up to 128 detainees with 2 detainees assigned to

each cell. T Pod and V Pod houses USMS males. Each pod holds up to 128 detainees. 4 cells hold 2 assigned detainees and 30 cells hold 4 assigned detainees.

C2 Pod is Segregation for females. The pod holds up to 12 female detainees and houses both ICE and USMS female detainees. ICE and USMS detainees are never housed in the same cell. D Pod is Segregation for males. The pod holds up to 64 male detainees and houses both ICE and USMS male detainees. ICE and USMS detainees are never housed in the same cell.

Medical 1 has 2 dorms that house 9 detainees in each dorm. The dorms can be used for ICE or USMS males or females depending on the need at that time. The dorm will house the same contract and gender.

Medical 2 has 14 single cells, holding only 1 detainee in each cell. These cells can be used for ICE or USMS detainees.

CoreCivic Mission Statement is:

*"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 setting 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. "*

The facility reports they offer the following programs to detainees: functional literacy, GED, OSAT, Think for Change, horticulture, computer tech basics, electrical construction, carpentry, and ICVC-Impact Crime.

## 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:** 1

**List of Standards Exceeded:** 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment

### Standards Met

**Number of Standards Met:** 44

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.

## 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 a compliance determination:

**Documents (Policies, directives, forms, files, records, etc.)**

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 14-2J Zero Tolerance Policy Acknowledgement
- Email dated 12/12/2016 appointing the CoreCivic PREA Coordinator (Eric Pierson)
- PREA Coordinator Position Description (Senior Director, PREA Programs and Compliance) created March 2014
- Core Services Organizational Chart (showing the PREA Coordinator)
- Memorandum from the Warden (C. LaRose) appointing the PREA Compliance Manager (Joseph Roemmich dated 11/17/2020)
- Otay Mesa Detention Center Organizational Chart 2020, revised 09/1/2020 (showing the PREA Compliance Manager/AW Programs)
- Pre-Audit Questionnaire

**Interviews:**

- PREA Coordinator
- PREA Compliance Manager
- Agency Head Designee

**Standard Analysis:**

**115.11 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response is a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It states, “*such conduct is prohibited by this policy and will not be tolerated.*”. It outlines the agency’s approach to preventing, detecting and responding to such conduct.

The policy covers: zero tolerance, hiring and promotion, training, supervision and monitoring /staffing plans, upgrades to facilities and technologies, external emotional support services, inmate/detainee screening, inmate/detainee orientation and education, housing and program assignments, limits to cross-gender viewing and searches, reporting sexual abuse and/or sexual harassment, coordinated response/ Sexual Abuse Response Team (SART), response procedures, administrative investigations, criminal investigations, post investigation review, incident classification, inmate/detainee notifications, disciplinary procedures, collection and use of data and audits.

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

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

Interviews with staff and detainees verified that the agency and facility reinforce the zero tolerance policies. The agency has strategically discussed the zero-tolerance policy in education, training and materials that are provided. The auditor did not interview any staff or detainees that did not understand this policy.



**115.11 (b)** Core Civic employs Eric Pierson, an upper-level and agency-wide PREA Coordinator (PC). CoreCivic Policy 14-2 Sexual Abuse Prevention and Response defines the PC as *“an upper-level management FSC employee designated to develop, implement and oversee CoreCivic’s companywide efforts to comply with the PREA National Standards and the company’s Sexual Abuse Response and Prevention Program”*.

The position description provided for PC Pierson states his position is a Senior Director of PREA Programs and Compliance. It states the PC “...develops, implements and oversees the company policies and procedures in complying with the standards...”. The position descriptions essential functions list several duties, including developing/overseeing the implementation of PREA related policies/procedures, liaison, and resource for management and partners, coordinators implementation plans and actions, coordinates training as required by the standards, collects and maintains data, and prepares annual reports, analyzes data to assess and improve the effectiveness of the PREA program.

The organizational chart provided shows PC Pierson as reporting to Steve Conry, Vice President of Core Services, who is also designated as the Agency Head Designee for purposed of conducted the PREA interview. The PAQ lists Mr. Pierson’s position as a Senior Director.

The interview with the PC and the Agency Head Designee reinforced Mr. Pierson had the time and authority to complete his duties as the agency PC. Mr. Pierson reports there is another full-time agency-level position that assists him in ensuring statewide compliance with the PREA standards. That position is titled Agency Director of PREA Compliance and Investigations, and she was onsite during the audit on behalf of the Agency PREA Coordinator. While onsite and afterwards, the auditor was able to observe the PREA Coordinators level of authority, as evident when the Director of PREA Compliance and Investigations was able to let the facility know of issues, on his behalf and that they would need to change to become PREA compliant. The facility understood he had the authority to direct those changes.

Mr. Conry, the Agency Head Designee and Vice President of Core Services also discussed the agency PC position and level of responsibility and oversight within the organizational structure.

**115.11 (c)** At the time of the onsite audit, CoreCivic/ employed Joseph Roemmich as the PREA compliance manager (PCM) at OMDC. The OMDC organizational chart provides listed PCM Roemmich as the Assistant Warden of Programs and has duties as the PCM. It shows his position reporting directly to the Warden of the facility.

When the auditor arrived at the facility, she was informed that PCM Roemmich would be departing that week to another CoreCivic facility and would no longer be the PCM after the onsite audit. The next PCM was selected, however, they needed to go through a background investigation prior to beginning in their new role. An interim PCM was selected, and the auditor communicated with the interim PCM after the onsite portion of the audit. On April 30, 2021, the auditor was notified the new PREA Compliance Manager/Assistant Warden, Jose Soto began working in his position that week.

The auditor interviewed PREA Compliance Manager, Joso Soto on 5/21/2021.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Each CoreCivic facility has a designated PREA Compliance Manager to coordinate efforts at the facility level to comply with the PREA Standards. The position is the Administrative Duty Officer level manager appointed by the Warden/Facility Administrator who maintains responsibility for the facility’s Sexual Abuse and Response Prevention Program”*.

Additionally, the PCM is defined in the policy as: “An Administrative Duty Officer-level manager appointed by the Warden/Facility Administrator who maintains responsibility for the facility’s Sexual Abuse Response and Prevention Program.

Several email correspondences were provided to the auditor, which showed that Mr. Soto had been trained and briefed on his responsibilities as a PREA Compliance Manager. Additionally, the PREA Compliance Manager for OMDC Ice Detainees worked with Mr. Soto to fully train him on his responsibilities.

Mr. Soto explained to the auditor that he has a great deal of experience working in correctional facilities and had a good understanding of PREA. He said he has received training by CoreCivic on how to be PCM and plans to take several other trainings available to him throughout the next several weeks. The auditor asked to remain informed of his training and receive any documentation of upcoming training sessions to reinforce that he understands his role as a PCM. He described how he planned to prioritize his work as a PCM and understood the importance of his role. In the discussion with the PCM, the auditor was satisfied that he had the time, authority and understood his role to coordinate the facility efforts to comply with PREA standards.

#### **Conclusion:**

The auditor has determined the facility is in full compliance with every provision of this standard, however the auditor has asked to remain informed of his progress onboarding as the PCM during any corrective action period.

Due to the extensive policy language that is much more inclusive than a zero-tolerance policy, the agency/facility exceeds in this provision, for an overall compliance determination of exceeds.

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

#### **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 inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ 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 inmates.) ☐ 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 a compliance determination:

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

- Memorandum dated 12/16/2019 from Warden LaRose

#### **Interviews:**

-PREA Coordinator

#### **Standard Analysis:**

**115.12 (a-b)** The PAQ provided to the auditor states that the agency does not contract for confinement. CoreCivic is a private entity, contracting for the confinement of USMS detainees. A memorandum from Warden LaRose, dated December 16, 2019 states: "CoreCivic is a private provider and does not contract with other agencies for the confinement of those in their care".

Since the agency does not contract for confinement, the agency contracts administrator was not interviewed as part of the audit.

#### **Conclusion:**

The auditor has determined the facility is in full compliance with every provision of this standard. The agency does not contract for confinement with other entities but is the contracted agency.

### 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 inmates against sexual abuse? Yes

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ 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 inmates 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 inmate 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 a compliance determination:

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 14-21 PREA Staffing Plan Assessments for 2018, 2019 & 2020
- OMDC Camera List & Legend
- Staff Deployment by Shift & Position

- ADO Logs (unannounced rounds)
- Shift Activity Report

#### **Interviews:**

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

#### **Standard Analysis:**

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

- i. *Generally accepted detention and correctional practices*
- ii. *Any judicial findings of inadequacy*
- iii. *Any findings of inadequacy from federal investigative agencies*
- iv. *Any findings of inadequacy from internal or external oversight bodies*
- v. *All components of the facility’s physical plant (including “blind spots” or areas where staff or inmates/detainees may be isolated*
- vi. *The composition of the inmate/ detainee population*
- vii. *The number and placement of supervisory staff*
- viii. *Institutional programs occurring on a particular shift*
- ix. *Any applicable state or local laws, regulations, or standards*
- x. *The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and*
- xi. *Any other relevance factors.*

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

The Annual PREA Staffing Plan Assessment for 2018, 2019, and 2020 was provided to the auditor as documentation. Each staffing plan considers all enumerated factors 1-11 as outlined in policy and also included a PREA incident report listing out all PREA incidents for the year being reviewed. The PREA staffing Plans were reviewed and signed by the PCM, the Warden, FSC PREA Coordinator, and the Vice President.

Although the PCM is new to his role, he explained the process to ensure this is completed and understood the importance of the review.

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

During interviews with the Warden, PCM, and Vice President were able to explain that there were no deviations from the staffing plan. The facility would not fall within a certain level of staffing, and if there were staff who could not make it to work, they would backfill with overtime. If for some reason, there



were deviations, they said it would be documented. There was no indication there had been any deviations from the staffing plan.

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

The staffing plan is completed on an annual basis, and examples for 2018, 2019, and 2020 were provided to the auditor as documentation. The PC was a reviewer on the staffing plan which describe the staffing plan pursuant to paragraph (a) of this section, the facility’s deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan.

The PC and the PCM understood this requirement and described the process.

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

Copies of ADO for March 2021 were provided as documentation of supervisory announced rounds. On this date, it appeared a Sergeant conducted announced rounds on all housing units and documented it as “made required rounds”. While onsite, it was clarified that the rounds are conducted by intermediate and higher-level staff.

The 2<sup>nd</sup> and 3<sup>rd</sup> 1800-0600 hours Shift Activity Report was also submitted, which documented “Unannounced PREA Rounds”.

While onsite the auditor was able to observe logbooks documenting unannounced rounds. All logs showed supervisor rounds conducted in a varying time, each day. The auditor was also provided the ADO logbook for randomly chosen dates the audit chose, which documents on a weekly basis, what unannounced rounds are conducted as part of that duty. All rounds were completed, as required for the whole facility, including housing units.

While walking through the facility during the week, the auditor was able to observe supervisors frequently touring the facility and signing logbooks.

The auditor interviewed 3 Supervisory Staff that conduct unannounced rounds. A Captain, an Assistant Chief of Security and Assistant Warden were all interviewed. All were able to describe to the auditor their strategies in ensuring rounds are frequently completed and completely unannounced. The Supervisors were able to describe how the intent of the rounds was to identify and deter sexual abuse and sexual harassment, and how they ensured the rounds were at varied times of the day, without a detectable pattern for route or timing. It is expected that ADO’s complete their rounds at least once per week, however other supervisors are also expected to conduct the rounds on an ongoing basis.



The PCM said in his interview that he will be spot checking to ensure unannounced rounds are completed as required.

Staff interviews verified that they understood they were unable to alert other employees that supervisory rounds are occurring. Staff said they frequently saw ADO and other supervisors, such as Captains coming at an unannounced and varying time, each day. The auditor spoke with detainees during the tour, and they were able to say that supervisors frequently did rounds in the area.

**Conclusion:**

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

## **Standard 115.14: Youthful inmates**

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

#### **115.14 (a)**

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

#### **115.14 (b)**

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

#### **115.14 (c)**

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

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

- Memorandum dated 4/24/2020 from Warden LaRose

#### **Interviews:**

-PREA Compliance Manager

#### **Standard Analysis:**

The PAQ states the facility does not house youthful detainees under the age of 18. The age range for the detainee population states detainees 18-70 years old are housed there. During the onsite audit there was no indication that youthful detainees were housed at the facility.

A memo from Warden LaRose, dated 7/24/2020 was submitted that said "The Otay Mesa Detention Center does not house youthful detainees. This is an adult facility only."

#### **Conclusion:**

The auditor has determined the facility is in full compliance of every provision with this standard. The facility does not house youthful detainees under the age of 18.

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

#### 115.15 (d)

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

#### 115.15 (e)

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

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 14-2 (02) Sexual Abuse Prevention and Response Policy Change Notice
- CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
- CoreCivic Policy 9-5 Searches of Inmates
- Searches of Inmate/Residents and Various Location (USMS Only)
- Copy of Detainee Handbook
- Photo of Signage that Opposite Gender Must Announce Presence
- Photo Showing Curtains/Barriers
- PREA Overview Facilitator Guide
- PREA Overview Participants Workbook
- Search Procedures Facilitators Guide
- Search Procedures Participants Workbook

#### Interviews:

- Random Staff
- Random Detainees

## Standard Analysis:

**115.15 (a)** requires that the facility not conduct cross-gender strip searches or cross -gender visual body cavity searches (meaning of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

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

The PAQ states that in the past 12 months, there have been no instances where this has occurred.

Interviews with staff reinforced that they would not conduct cross-gender strip or visual body cavity searches except in exigent circumstances. There was no indication this had occurred in the past.

**115.15 (b)** requires that if a facility had a capacity to not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, etc.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states that “*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 to comply with this provision.*”.

The facility does not conduct cross-gender pat searches of female detainees. Staff and detainees verified this was not occurring.

**115.15 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Change Notice states “*Whenever a cross-gender pat search of a female inmate/detainee, cross gender body cavity inspection of any inmate/detainee, cross-gender strip search of any inmate/detainee, or body cavity search of any inmate/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 1-1B 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 1-1B Notices.*”

The PAQ also states these types of searches would be documented, and that none had occurred.

Staff interviews confirmed the requirement that these searches be documented, and all staff said they were not aware of an instance where cross-gender strip searches /visual cavity searches had been completed in the past. No detainee interviews with detainees indicated this had occurred, and all said same gender staff conducted the search.

**115.15 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*inmate/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 incident to routing cell/living quarter checks.*

*Staff of the opposite gender are required to 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, cellblocks, dorms, etc. the staff member must announce as he/she enters each of the smaller individual*

*units. (a) a verbal announcement upon arrival is required only when the status quo of the gender supervision on the housing unit changes from exclusively same gender, to mixed- or cross-gender supervision. For example, a female correctional officer entering a housing unit is not required to announce if there is already a female correctional officer in the unit. (b) in the event multiple opposite gender staff enter a housing unit simultaneously, only one of the opposite gender staff need to make the announcement. (c) announcements are required of both security and non-security staff. (d) it is not acceptable to announce only at the beginning of the shift. (e) Staff roving from one pod/dormitory to another inside a larger unit must re-announce each time they enter."*

New employee training reinforces that staff must announce their presence when entering an opposing gender housing unit by saying "male" or "female on the run". The training also warns that PREA violations can occur when staff fail to announce opposite gender presence when entering an inmate's housing unit. There is also a test question at the end of the training that discusses this requirement.

Outside of the doors that enter detainees housing units it states, "Opposite gender must announce upon entry". The auditor was able to see staff making this announcement as she toured through the facility.

Each detainee and staff that the auditor interviewed said that opposite gender staff conducted the announcements each time they entered a housing unit. Due to the overwhelming amount of support that this process was in place, the auditor has determined this process to be institutionalized throughout the facility.

Photos of the detainee showers and toilets were provided as documentation of privacy. While onsite the auditor noted that there were a few toilet areas where the curtain did not extend far enough to protect the privacy of the detainee using the toilet, due to a gap in the curtain. The facility agreed to replace the curtain for the toilets to ensure they were long enough to extend all the way, ensuring privacy. This was completed, and photo evidence was sent to the auditor on 5/20/2021.

A few detainee restrooms that had windows in the doors, short enough where some staff may walk by and have incidental viewing of the detainee using the restroom. The facility was asked to frost the windows, or place a magnetic curtain on the window, that could be removable if there was a concern and same gender staff needed to investigate the bathroom for a security issue. This was completed, and photo evidence was sent to the auditor on 5/18/2021.

The auditor was able to view the camera system to ensure there were no opposite gender viewing issues. The auditor found that there were three cells that had cameras, that opposite gender control center staff may be able to view that would show a detainee using the restroom. The cells have a hole in the ground, which the detainee uses the restroom. The facility agreed to ensure the toilet area was blurred out. This was completed, and photo evidence was sent to the auditor on 5/18/2021.

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

Searches of Inmate/Residents and Various Location (USMS Only) state *"Searches or physical examination of a transgender or intersex inmate/resident for the sole purpose of determining the inmate/resident's genital status is prohibited. Security staff shall be trained in how to conduct searches of transgender and intersex inmates"*.



OMDC states they did not have transgender or intersex detainees housed at the facility, so no transgender or intersex detainees were able to be interviewed to discuss this requirement. All reasonable efforts were provided by the auditor to locate detainees that fit into these categories.

All staff were aware of this requirement and would not take part in a search to determine a detainee's genitals. Staff were not aware of any transgender or intersex detainees housed at the facility.

**115.15 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, "*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. Requiring two staff to search transgender inmates/detainees would be more intrusive than necessary. Dual searches where two different gendered staff search different parts of an inmate/detainee's body are not acceptable. Searches of breasts shall be conducted using the back of the hand. Requests for transgender inmate/detainee to remove appearance related items such as prosthetics, clothing that may convey gender identity, wigs, and cosmetics shall be consistent with requirements for the removal of similar items for other non-transgender/intersex inmates/detainees. Strip searches of transgender/intersex inmates/detainees shall be made in a manner designed to ensure as much privacy to the inmate/detainee as practical. Staff should consider the physical layout of the institution, and the characteristics of transgender/intersex inmate/detainee to adjust conditions of the visual search as needed for the inmate/detainee's privacy.*"

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response also states, "*In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat down searches and searches of transgender and intersex inmates/detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.*"

Staff who were interviewed at the facility were able to articulate how they would search a transgender/intersex inmate if one were housed at the facility.

#### **Corrective Action and Conclusion:**

The auditor is satisfied with the corrective action the facility has completed and has determined the facility is in full compliance of every provision with this standard.

## **Standard 115.16: Inmates with disabilities and inmates 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 inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,



and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates 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 inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☐ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 14-4 Inmate/Detainee Rights
- Detainee Handbooks (English/Spanish)
- PREA Bulletin Handout/Postings (English/Spanish)
- PREA Orientation Acknowledgment
- Language Link Services Contract & Instructions
- Memorandums (Bilingual Staff Members, Interpreter Services, TTY Phone Locations & Instructions)
- Photo of the Purple Skype System and Tablet for Hearing Impaired and /Detainee Telephone

#### **Interviews:**

- Detainees who are Limited English Proficient
- Detainees with Disabilities
- Random Staff
- Intake Staff

#### **Standard Analysis:**

**115.16 (a)** requires the agency to take appropriate steps to ensure that detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary, to ensure effective communication with detainees who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

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

*Inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective.*

*The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provided information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmates/detainees on an individual basis."*

CoreCivic Policy 14-4 Inmate Resident Rights states *"Equal Access: Program Access, work assignments and administrative decisions will be made without regard to race, religion, national origin, sex handicap, and political views"*.

The detainee handbook states, *"detainees requiring interpreter services for essential communications should contact Unit Management Staff."* It also says *"for access to a Telecommunication Device for the Deaf (TDD)/Purple System, contact the Unit Manager or Case Manager, or Correctional Counselor. The Shift Supervisor should be notified if any of the pod staff are not available"*. It also says, *"Requests for translation and interpretation services shall be provided as needed when requested"*.

The detainee handbook, Acknowledgment of Inmate/Detainee Orientation and PREA pamphlet was also provided in Spanish.

The contract with the language line explained that it would cover American Sign Language, Spanish and all other languages. A memorandum from Warden LaRose explained how to access the service.

PREA information is posted in Spanish throughout the facility, and if they had a detainee that spoke another language, they would contact the language line. Another memo explained how to access the two TTY phones, and the purple system. The purple system is on all 392 detainee tablets.

A memorandum from Warden LaRose, dated November 20, 2020 provided a list of 52 Spanish, 1 Egyptian, 1 Russian, and 1 Somali speaking staff interpreters

The auditor was able to speak with 3 detainees who had a physical disability and 1 that was hard of hearing. The facility was not able to locate any detainees that were blind, deaf or had cognitive disability for the auditor to interview.

The Intake staff that provide initial PREA information understood all detainees should have access to the information and that they may need to make special accommodations if the detainee needed it.

Many of the detainees interviewed had a great deal of understanding about PREA. They said they received and understood PREA training and provided appropriate accommodations when needed.

**115.16 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.*”

Staff verified an understanding of what meaningful steps would be. Facility interpreters must be able to interpret effectively, accurately, and impartially, both receptively and expressively, or they would not be used. The staff interpreter the auditor used appeared very proficient.

The auditor was able to interview several (9) Spanish speaking detainees while utilizing a staff interpreter. The staff did an excellent job relaying the information provided. Most detainees were able to say they understood PREA, had received PREA information in Spanish, and felt they could utilize an interpreter if they had questions or needed additional information.

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

Staff was aware of this requirement and all asked said they would not utilize a detainee interpreter for this purpose. Staff would utilize the language line or another staff who can interpret.

The facility reported in the PAQ that there were no instances where detainee interpreters, reader, or other types of detainee assistants have been used for this purpose. There was no indication from detainees that this had occurred.

## **Conclusion**

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

## **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 inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the 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 inmates? ☒ 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 inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ 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 inmates? ☒ 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 inmates 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 inmates 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 inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ 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.

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Current Roster of all Employees and Contractors
- 14-2H Self Declaration of Sexual Abuse/Sexual Harassment for Employees and Contractors
- Criminal History Check Spreadsheet
- 03-20-2B PREA Questionnaire for Prior Institutional Employers for Employees and Contractors with Prior Institutional Experience.
- Department of Homeland Security, 6 Code of Federal Regulations Part 115
- 14-2A CoreCivic PREA Acknowledgment and/or Training Acknowledgment
- CoreCivic Policy Review Checklist

#### **Interviews:**

-Human Resources Manager

#### **Standard Analysis:**

**115.17 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates/detainees and who has: a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); b. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c. Been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a., b.”*

The Human Resources Manager interviewed confirmed OMDC had not hired or promoted individuals that met this criterion. During employee file reviews, there were no employees or contractors that indicated they had these issues.

The Human Resources Manager said the Department of Homeland Security (DHS) completes the criminal history and PREA checks prior to starting work at OMDC. She explained that it is a thorough and lengthy process. Occasionally, the DHS will approve an employee to start work prior to this background being completed, however, a criminal history and PREA check will be conducted prior to hire on any new employee or contractor.

A list of staff and contractors were provided to the auditor. The auditor randomly selected several staff and contractors from the list provided and asked to see the application and new hire information. There were no staff or contractors with any indication (either self-reported, or through a criminal history check) they had had any incidents of prior sexual misconduct as described in this provision.

**115.17 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates/detainees.”*



The Human Resources Manager confirmed sexual harassment would be considered when hiring and promoting individuals, as specified in the policy. A 14-2H Self-Declaration of Sexual Abuse and Harassment Form and the reference check process includes the PREA questions.

The auditor was able to confirm in the review of the new hires and contractors, that no one who had been hired had prior sexual harassment allegations.

**115.17 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“Consistent with federal, state, and local law, the facility shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information.”*

Additionally, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form was provided as documentation. It asked the applicable questions. The auditor was able to review new hire records for employees hired in the past 12 months with prior institutional experience and the applicable form was completed and in their file. The Human Resources Manager explained this is completed every time there is a new hire.*

**115.17 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted.”*

The auditor was able to verify by reviewing employee and contractor records that they did have a criminal history check before starting at the facility. They receive a DHS screening which includes a criminal background check prior to enlisting the services of any contractor. The Human Resource Manager verified this is the practice.

**115.17 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information.”*

The Human Resources Manager explained at least once every five years the DHS completes another background check, to include a criminal history check for every current employee and contractor that works at OMD, as they all may work with detainees.

The Human Resources manager provided a list of all employees and contractors that included the five-year background due date. The auditor reviewed examples of the facility receiving this clearance from DHS.

**115.17 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response B Hiring and Promotions states *“The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by employees as part of the promotional process including both inter-facility promotions and intra-facility promotions. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by current employees and contractors on an annual basis to serve as verification of the fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The annual signature shall be in lieu of having the form completed as part of an annual review process. The completed 14-2H form shall be retained in each employee's personnel file”.*

The 14-2H Self Declaration of Sexual Abuse/Sexual Harassment for was provided as documentation. It asks if the employee/applicant/contractor about previous allegations as defined in 115.17 (a), and states they have a continuing affirmative duty to disclose any facts that would change any of the answers and explains that material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination or refusal to hire.

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

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

The Human Resources Manager said OMDC does conduct an annual evaluation, but the employee does not conduct a self-evaluation as part of that process. The auditor reviewed the form and verified a self-evaluation is not part of that process.

**115.17 (g)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*To the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.*”.

There were no examples of this occurring, however, the Human Resources Manager was aware of the requirement.

**115.17 (h)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such former employee has applied to work.*”. Three examples of the facility providing this information to an institutional employer was provided as documentation.

The Human Resources Manager was also aware of the requirement.

#### **Corrective Action:**

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

## **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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
☒ Yes   ☐ 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 inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
☒ Yes   ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 07-01B1 PREA Physical Plant Considerations (Cameras)
- List and Map showing the Facilities Cameras
- Maintenance Work Order Forms
- Letter from Architectural Engineering Company

#### Interviews:

- Agency Head
- Warden
- PREA Coordinator
- PREA Compliance Manager
- Physical Plant Staff/Manager

#### Standard Analysis:

**115.18 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect inmates/detainees from sexual abuse. Considerations for modifications and renovations shall be documented on form 7-1B PREA Physical Plant Considerations.*”.

The 71-B PREA Physical Plant form was submitted as documentation. The form discusses the considerations for the project and asks to consider how technology may enhance the agency’s ability to protect a detainee from sexual abuse. Several examples of completed forms were provided as documentation.

The Agency Head Designee said during his interview that his team works closely with those in his agency that design, modify and expand facilities. He said a form must be filled out, and the PC reviews all forms to do a PREA review. He also said there are times the PC will go onsite and do an in-person review to ensure PREA is covered.

In 2019 there was a major expansion of the facility, including adding 4, 128 bed housing units for a total of 512 additional beds. The construction also connected to the existing Corridor and minor renovations of the Dining and Laundry areas. Detailed construction plans were provided to the auditor. A letter from an architectural engineering company that explained that PREA was considered in the project was provided as documentation. It said “*The scope of the work noted above was designed with PREA Guidelines in mind. The design team incorporated PREA related design aspects as requested by the Owner Group and Design/Build Team representatives. At various times during the construction of the project, especially when nearing Substantiate Completion, the Owner Group and Design/Build team representatives had the opportunity to review the physical construction and request changes that may be necessary to address any PREA concerns that were not already addressed by the design and construction of the facility*”.

**115.18 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.”

The facility has 253 total cameras throughout the facility. The facility self-reported they have 90 days of video storage. A detailed list of all cameras was provided to the auditor along with a map of camera locations.

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

**Corrective Action:**

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

## 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.*



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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 14-2 (02) Policy Change Notice
- Letter from Palomar Health and Fee Schedule/SART Process
- MOU with San Diego County Sheriff's Department

## **Interviews:**

- PREA Compliance Manager
- PREA Coordinator
- SANE Representative from Medical Center
- Victim Advocates
- Administrative and Criminal Investigators
- Detainees who Reported Sexual Abuse

## **Standard Analysis:**

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

At OMD C CoreCivic investigators conduct administrative investigations and the San Diego County Sheriff's Department conducts criminal investigations of sexual abuse. The MOU with San Diego County Sheriff's Department says, *"Investigating Agency will follow the protocols, including collection of evidence, as established by local law enforcement standards"*.

Staff that were interviewed understood the evidence protocol that maximizes the potential for obtaining usable physical evidence.

**115.21 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011."*

OMDC utilized a Sexual Abuse Incident Check Sheet to walk through the initial response to an allegation of sexual abuse. This check sheet describes evidence handling, investigative notifications, etc. This protocol is appropriately developed.

**115.21 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"The investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible."*

A letter from Palomar Health and Fee Schedule/SART Process explains that a forensic examination would be conducted at an outside facility, at no cost to the victim. It says a SANE will be available to conduct the SAFE.

The auditor spoke by phone with the SANE Coordinator from Palomar Health. She explained the process for providing a SANE exam. She explained the Sheriff's Department pays for the examinations, and that all examinations are performed by a SANE.

**115.21 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. 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."*

A letter from Palomar Health and Fee Schedule/SART Process explains that a specialized advocate from the Woman's Resource Center or the Center for Community Solutions will be activated by the nurse examiner during the SAFE.

The SANE Coordinator from Palomar Health explained the same process the letter outlined. She explained advocates are always contacted by Palomar Health once they know they have a detainee coming for a SANE.

During discussions with the facility and the Director of PREA Compliance and Investigations, it was explained the facility was only offering an advocate during an investigative interview at the SANE exam, if an exam occurred. It is this auditor's understanding this standard extends to all investigatory interviews. The PREA Coordinator said that their agency had interpreted this standard to only apply to SANE exams and disagreed with my interpretation.

The auditor reached out to the PREA Resource Center for clarification of the standard. The PREA Resource Center responded by saying that their opinion supports the auditor's interpretation of the standard that it applies to all investigatory interviews, including administrative interviews that do not take place during the SANE exam. The auditor asked that the question be escalated to DOJ, however, by the date of this report, there had been no formal response from DOJ.

If an FAQ is issued subsequently OMDC shall adjust to comply with whatever that says, including deleting relevant language if determined not to be required.

The MOU with the Center for Community Solutions does include making an advocate available for investigatory interviews and they have agreed to ensure this is completed, either in-person or telephonically. The auditor reviewed the agreement and finds it meets the requirements of this standard. The facility verified this process is in effect, however, there have been no investigatory interviews yet. They understand that once there is, they would need to contact an advocate.

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

The PAQ that was provided to the auditor said there was 1 SAFE exam during the 12-month documentation period. The incident investigative report documented the exam took place. It did not mention if an advocate was contacted.

A letter from Palomar Health and Fee Schedule/SART Process explains that a specialized advocate from the Woman's Resource Center or the Center for Community Solutions will be activated by the nurse examiner during the SAFE. The SANE Coordinator reinforced this process. They contact an advocate when they know a detainee will be coming for a SAFE.

OMDC supplied a signed MOU with Center for Community Solutions that was signed on 3/24/2021. The MOU states they agree to provide a victim advocate, if requested by the victim, and allow the victim advocate to accompany and support the victim through the forensic examination process and investigatory interviews, and provide emotional support crises intervention, information, and referrals.

The MOU with the San Diego County Sheriff's Department says "*Facility will offer detainee victims the right to have a victim advocate present during any stage of the investigation. In the event an outside advocate is not available, Facility will provide a qualified staff member to serve as the victim advocate.*".

**115.21 (g)** The Change Notice for CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*CoreCivic facilities are not state entities or components of the Department of Justice (DOJ) responsible for investigating allegations of sexual abuse in prisons or jails.*".

**115.21 (h)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*If unable to secure the services of a victim advocate to accompany the alleged victim to the SAFE/SANE exam, and if requested by the victim, the facility may use a qualified facility staff member for this purpose. The staff member must have been screened by the SART and the Warden/Facility Administrator/designee for appropriateness to service in this role and must have received documented education concerning sexual assault and forensic examination issues.*".

The facility has an agreement to ensure the Center for Community Solutions advocates will provide this service so there is not a need to have staff advocates trained.

#### **Corrective Action:**

The MOU with the Center for Community Solutions does include making an advocate available for investigatory interviews and they have agreed to ensure this is completed, either in-person or telephonically. The auditor reviewed the agreement and finds it meets the requirements of this standard. The facility verified this process is in effect, however, there have been no investigatory interviews yet. They understand that once there is, they would need to contact an advocate.

If an FAQ is issued subsequently OMDC shall adjust to comply with whatever that says, including deleting relevant language if determined not be required. They do understand that if they utilize a staff advocate, they must be an individual who has been screened for appropriateness to serve in that role and have received education concerning sexual assault and forensic examination issues in general.

### **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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 14-2 (02) Sexual Abuse Prevention and Response Policy Change Notice
- CoreCivic Policy 5-1 Incident Reporting
- CoreCivic PREA Website Information
- San Diego County Sheriff's Agency Policy that Includes PREA Investigations
- MOU with San Diego County Sheriff's Department
- Facility Case Log
- Sheriff's Report

#### **Interviews:**

- Agency Head Designee
- Administrative and Criminal Investigators

#### **Standard Analysis:**

**115.22 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"All allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency or entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior."* It also states *"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."*

Both administrative and criminal investigators said all allegations of sexual abuse and sexual harassment are investigated. Additionally, the website states *"all allegations of sexual conduct shall be promptly, thoroughly, and objectively investigated"*.

During the past 12 months, there were 15 allegations PREA allegations investigated. The auditor was able to review each investigative file, and they were all immediately referred for investigation.

The Agency Head Designee described the agency's commitment to ensure all investigations of sexual abuse and sexual harassment are investigated. He said CoreCivic may conduct administrative investigations, but only criminal investigators conduct criminal investigations. He said there are agreements with outside law enforcement agencies to do criminal investigations and CoreCivic was good cooperation with law enforcement agencies.

A Facility Case Log was provided to the auditor, which listed the PREA allegations, along with the assigned investigator.

**115.22 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Administrative Duty Officer (ADO) staff, the PREA Compliance Manager, Warden/Facility Administrator or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior or the allegation would be not be considered a criminal act under federal, state, or local law."* This policy is available on the CoreCivic website.

San Diego County Sheriff's Department is the legal entity to conduct criminal investigations at OMD. Their policy for investigating criminal allegations of sexual abuse and sexual harassment were provided to the auditor as documentation. The policy is published on their website.

CoreCivic website states “Allegations of Sexual Abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution.”

The MOU with the San Diego County Sheriff’s Department states that “*The Sheriff shall have complete control in conducting necessary investigations in accordance with the requirements of 28 CFR 115.21 paragraphs a-e, which are incorporated herein by reference.*” It also states “*Upon receipt of an allegation as described in Paragraph III (a) below, the Warden employee of the Facility will determine whether there is credible evidence to support the allegation. If there is credible evidence, the Sheriff shall respond to the request for assistance, and shall investigate the allegation.*”.

When speaking with the Warden, the facility always refers all allegations of sexual abuse to the San Diego County Sheriff’s Department to decide if they want to investigate the allegation as a crime.

**115.22 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response describes the responsibilities of both the agency and the investigating entity in Section O- Criminal Investigations.

CoreCivic website also explains that allegations of sexual abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution.

The San Diego Sheriff’s Department procedures for allegation of sexual abuse were provided as documentation and describes the criminal investigative process in detail.

An MOU with the San Diego Sheriff’s Department was provided that clearly describes the responsibilities for OMDC and the agency conducting the criminal investigation.

**115.22 (d-e)** - 14-2 (02) Sexual Abuse Prevention and Response Policy Change Notice states “*CoreCivic facilities are not state entities or components of the Department of Justice (DOJ) responsible for investigating allegations of sexual abuse in prisons or jails.*”.

OMDC has an MOU with the San Diego Sheriff’s Department, which is not a state entity.

**Corrective Action:**

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

## 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 inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No



- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic PREA Training Participant Workbook
- CoreCivic Code of Ethics
- Current Roster of Employees
- Copies of Completed 14-2A CoreCivic Training Acknowledgement Form for New Hires and Pre-Service attendees
- Copies of 509 Forms for PREA Related Classes
- Staff Training Rosters

#### Interviews:

- PREA Compliance Manager
- Training Supervisor
- Random Staff

#### Standard Analysis:

**115.31 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “All CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At a minimum, all employees shall receive pre-service and annual in-service training on the following:

- a. The CoreCivic zero-tolerance policy for sexual abuse and sexual harassment;
- b. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
- c. The right of inmates/detainees to be free from sexual abuse and sexual harassment
- d. The right of inmates/detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

- e. *The dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur;*
- f. *Signs of victimization and the common reactions of sexual abuse and sexual harassment victims;*
- g. *How to detect and respond to signs of threatened and actual sexual abuse;*
- h. *How to avoid inappropriate relationships with inmates/detainees;*
- i. *How to communicate effectively and professionally with inmates/detainees, including LGBTI and gender non-conforming inmates/detainees; and*
- j. *How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities"*

In the auditors review of the CoreCivic's PREA training, it was determined it covers all components of this requirement.

The Training Supervisor explained the process for ensuring staff had received the comprehensive PREA training as required. Training rosters for staff were provided to the auditor as documentation that all staff had received the training.

Interviews with staff confirmed they had received PREA training and understood most of the components of this standard. All staff were very familiar with responding to an incident and explained to the auditor how this process works. Staff also carried laminated cards in their pockets, that covered responding to a PREA incident, in case they did not remember from their training.

**115.31 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*Such training shall be tailored to the gender of the inmates/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of inmate/detainee (i.e. male facility to a female facility or vice versa) shall receive additional training.*"

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

**115.31 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states that employees shall receive annual PREA training.

The Training Supervisor confirmed all staff were tracked to ensure they had received appropriate training. The auditor reviewed training rosters that confirmed training had been received as required.

Interviews with staff revealed that they received annual PREA training. All staff remembered receiving the training and were able to discuss parts of the training they remembered.

The auditor received a list showing all staff had taken the training for 2019 and 2020.

**115.31 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*Employees shall be required to confirm, by either electronic or manual signature, their understanding of the training that they have received. At Pre-Service Training and annual In-Service Training, each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgment - Pre-Service and In-Service form. Signed documentation will be maintained in the employee's training and/or HR file.*"

The auditor randomly selected several staff files and was able to review that they had signed the 14-2A PREA Training Acknowledgment- Pre-Service and In-Service form. All employees' records reviewed had these forms in their files, documenting that the employees understood the training they received. 14-2A PREA Training Acknowledgment- Pre-Service and In-Service form specifically states "*I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training I received. I understand that as an employee/volunteer/contractor, it is my responsibility to*

*abide by policy and procedures as directed in this training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, and Learning and Development Manager, or the PREA Compliance Manager.”* The form also lists out the training topics received, which are what is required in 115.31 (a) 1-10).

#### **Conclusion:**

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

## **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 inmates 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 inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 22-1 Volunteer Services and Management
- Current list of Contractors
- Current list of Volunteers
- 22-1A Volunteer Training Matrix
- 22-1B Volunteer Agreement forms
- 14-2A Training Acknowledgement Form for Contractors/Volunteers
- 22-1C Volunteer Code of Ethics
- 14-2J PREA Zero Tolerance Policy Acknowledgment forms
- Memorandum from Warden LaRose dated 11/30/2020

**Interviews:**

- Contractors
- Training Supervisor

**Standard Analysis:**

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

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

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

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

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

A memorandum provided from Warden LaRose said that for the 2020-2021 reporting period there were no volunteers allowed in the facility since March 2020.

The auditor interviewed 4 contractors during the onsite audit. All contractors were well versed in PREA and remembered their PREA training. They were able to describe what was taught to them in the training and were able to explain how they had or would respond to a PREA incident.

Volunteers were not able to be interviewed onsite because at the time of the onsite the facility was on a modified operation, and not allowing volunteers to enter the facility. The facility said enough time had

passed that all volunteers would need to go through a whole new background process and PREA training prior to entering the facility. As such, the auditor was not able to speak with any volunteers regarding the PREA training they had received.

The auditor randomly selected training records, including the CoreCivic Training Acknowledgement for current contractors and volunteers, and all selected had received the training.

**115.32 (b)** The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates/detainees. All volunteers and contractors who have contact with inmates/detainees shall acknowledge the CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. All volunteers and contractors shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form (115.32 (b)). i. Contractors, including but not limited to, medical, mental health, education and food service shall receive the same PREA training required of all CoreCivic employees who have contact with inmates/detainees. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment - Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms.”*

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

CoreCivic Policy 22-1 Volunteer Services and Management states *“Each volunteer shall complete an appropriate, documented orientation and/or training program prior to assignment and shall agree, in writing, to abide by all facility policies, particularly those relating to the security and confidentiality of information. Training of approved volunteers shall be appropriate to the level of access and inmate/detainee contact associated with their volunteer assignment”*

These requirements prioritize the level and type of training based on the services they provide and the level of contact they have with inmates. All volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment when filling out the 14-2J PREA Zero Tolerance Policy Acknowledgment forms and/or the 14-2A PREA Training Acknowledgment forms.

**115.32 (c)** The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The signed documentation confirming that each Volunteer or Contractor understands the training that he/she has received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden/Facility Administrator or PREA Compliance Manager.”* The forms were provided to the auditor upon request. This satisfies the requirement that the agency maintain documentation confirming that volunteers understand the training they receive.

#### **Corrective Action:**

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

## **Standard 115.33: Inmate education**

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



### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates 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 inmates 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 inmates 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 inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

- Does the agency maintain documentation of inmate 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 inmates through posters, inmate 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure
- PREA Posters
- PREA Video
- OMDC Detainee Handbook
- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Attachment C: Inmate Orientation to Prison Rape Elimination Act (PREA)
- Town Hall Meeting Records

### Interviews:

- Intake Staff
- Random Detainees
- Disabled and Limited English Proficient Inmates

### Standard Analysis:

**115.33 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Upon arrival at the facility for intake, each inmate/detainee shall be provided with information regarding sexual abuse*

prevention and reporting (e.g. inmate/detainee handbook, CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure, contracting agency brochure, handout etc.)”.

Detainees are provided a copy of the Detainee Handbook, given a PREA Pamphlet and signs that they have received and understand the information. That information was reviewed for all detainee files that were selected by the auditor.

The information provided describes the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment.

The facility said on the PAQ that all 1164 detainees who were admitted during the previous 12 months received the information at intake.

CoreCivic 14-2AA PREA Prevent, Detect, Respond Brochure lists the definitions of sexual harassment as “*Repeated and unwelcome comments or gestures of a sexual nature, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. Repeated and unwelcome sexual advances; requests for sexual favors; or verbal comments, gestures, or actions of a derogatory or offensive sexual nature.*”

Sexual abuse is defined as “*Forced or coerced sexual intercourse or sexual contact when the victim does not consent or is unable to consent or refuse. This may include the use of fear or threat of physical violence, psychological intimidation, bullying, and physical force. Sexual abuse also can include incidents of penetration by a foreign object.*”

It is recommended that the definitions be adjusted to be in line with the PREA standard definitions of sexual abuse and sexual harassment.

**115.33 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*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:*”

- a. CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment;*
- b. How to report incidents, threats or suspicions of sexual abuse or sexual harassment;*
- c. An inmate/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;*
- d. Inmate/detainee-on-inmate/detainee sexual abuse;*
- e. Employee-on-inmate/detainee sexual abuse;*
- f. Self-protection from sexual abuse;*
- g. Availability of policies regarding sexual abuse prevention/intervention; and*
- h. Available emotional support services (treatment and counseling) to include internal and external victim advocates and community support services.*

*Inmates/detainees shall sign indicating acknowledgment 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.*”

The training provided through the video and handouts covered the detainees right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The video was provided to the auditor, and it met all the components.

The facility said on the PAQ that all 621 detainees who were admitted during the previous 12 months and who's length of stay at the facility was 30 days or more) was provided comprehensive education as described.

Most detainees remembered seeing the PREA video within 30 days of arrival at the facility. Additionally, all detainees have access to view the PREA education in the tablets available to them.

When the auditor reviewed the detainees' files, she noted there were some detainees that had not seen the video (comprehensive education). It was discovered that when detainees went to segregation, or were placed on quarantined status, they were not always shown the video. The auditor said the facility must provide proof that all detainees had seen the video, along with a memorandum and verification that a process has been created and implemented to ensure all detainees are able to see the video within 30 days after arrival at the facility. This was completed and sent to the auditor on 5/18/2021.

**115.33 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Inmates/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training"*.

All detainees that arrive at OMDC receive detainee education on OMDC policies relating to PREA.

**115.33 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"The facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled or Limited English Proficient (LEP).*

*The facility shall take appropriate steps to ensure that inmates/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to sexual abuse and sexual harassment.*

*Inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective.*

*The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provided information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmates/detainees on an individual basis."*

The staff who provides intake education was able to describe the various requirements about inmates who needed additional help receiving the education and were aware of the requirements in the policy.

OMDC provides all PREA educational materials in Spanish, as well as English.

Several detainees who fell within these categories were interviewed by the auditor. Most remembered receiving PREA education in a format they understood.

**115.33 (e)** The agency maintains documentation of detainee's participation in educational sessions by maintaining the acknowledgement form.

The auditor was able to verify this documentation while onsite for detainees selected for file review.

**115.33 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to inmates/detainees through posters, inmate/detainee handbooks, or other written formats*”.

Key information is continuously available throughout the facility. The auditor was able to see key information in every detainee housing unit, education, program, and work areas she visited. It is recommended that PREA information be posted in brightly colored paper, since it is posted with several other documents and can be hard to locate on the bulletin boards.

PREA information is also available in the tablets available to detainees.

**Conclusion:**

The auditor is satisfied with the corrective action the facility has completed and has determined the facility is in full compliance of every provision with this standard.

## **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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Investigator Training Records for Pre-Service, In-Service and PREA Overview Training
- Copies of Investigators Specialized Training Records
- Signed 14-2 AI PREA Training Acknowledgement Specialized Training

### Interviews:

- Administrative Investigator

### Standard Analysis:

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



OMDC has one administrative investigator and one backup in case he is not at the facility. The auditor was able to review their training records, and they had specialized investigations training in addition to general PREA training provided to all staff. The training was specific to confinement setting and in an on-line format.

Interviews with the investigator confirmed he understood the training he took and knew how to conduct sexual abuse investigations in confinement facilities.

**115.34 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.*”

The online training provided was reviewed and contained all the necessary components required in this provision of the standard.

Interviews with the investigator confirmed he understood each component of the training and how to utilize that training in real-life situations.

Investigations that were reviewed confirmed investigations were completed according to the training provided.

**115.34 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file.*”

Copies of signed 14-2A1 PREA Training Acknowledgment Specialized Training forms were provided to the auditor as documentation.

#### **Conclusion:**

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

## **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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Roster of Medical and Mental Health Personnel (CoreCivic and Contract)
- 14-2 A1 PREA Acknowledgement Specialized Training forms
- Training Curriculum for PREA: Specialty Training for Medical and Mental Health Staff

### **Interviews:**

- Medical Staff
- Mental Health Staff
- Health Services Administrator

### **Standard Analysis:**

**115.35 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"In addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, shall receive specialized medical training as outlined below:*

- a. How to detect and assess signs of sexual abuse and sexual harassment;*
- b. How to preserve physical evidence of sexual abuse;*
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and*
- d. How and to whom to report allegations of sexual abuse and sexual harassment."*

The training was provided to the auditor as documentation, and in review of the training, it covers the topics required by this standard.

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

Interviews with medical confirmed medical examinations are not conducted at OMD.

**115.35 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Medical and Mental Health Staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file."*

The auditor reviewed medical and mental health staff's training records to ensure they had received the specialized training, as required. Not all medical and mental health staff had received the training, as required.

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

**115.33 (d)** Medical and mental health staff also must receive the training mandated for employees under 115.31 and for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency.

Compliance with this provision is discussed in the standard analysis for 115.31 and 115.32, however, the auditor did confirm medical and mental health staff were part of the random selection.

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

**Corrective Action:**

It was required OMDC develop a system to ensure medical and mental health staff receive specialized training after they are hired, but before contact with detainees.

The auditor has asked the facility to provide verification that all staff have received the training, and she will review training records for all newly hired medical and mental health staff. A training roster was provided to the auditor on 5/18/2021, however the auditor had follow-up questions regarding the roster and will be unable to assess compliance until those questions have been answered. The auditor received all required documentation on 5/28/2021. The auditor verified that all medical and mental health staff and contractors that were employed at the facility had taken the required training and as such, the facility was found to be in full compliance of every provision of this standard.

## 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 inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ 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 inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ 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 inmate's detriment by staff or other inmates? ☒ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 14-2B Sexual Abuse Screening Tool
- OMDC Admit Reports
- Incident Statements
- PREA Investigation Workflow Checklist

### **Interviews:**

- Staff who Conduct Screening for Risk
- Random Detainees
- PREA Compliance Manager

### **Standard Analysis:**

**115.41 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"All inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive."*

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

Interviews with staff who conduct screening for risk and random detainees confirmed this is the process at OMDc.

Sample screening forms were reviewed.

**115.41 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Inmates/detainees shall be assessed, within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. This includes inmates/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception, and inmates/detainees who have been returned from court, or other leave status"*

The PAQ said that all 1108 detainees who had entered the facility in the 12 months prior to the audit had received an initial PREA risk screening within 72 hours.

Interviews with staff who conduct risk screening confirmed the initial screening is ordinarily conducted the same day of arrival at the facility, exceeding the requirements of this provision of the standard.

Detainee files were reviewed on all random and targeted detainees interviewed during the onsite audit. In every sample that was reviewed the 72-hour screening was completed on time.

Most detainees that were interviewed confirmed they remembered the initial PREA risk screening, however, some did not.

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

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

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

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

14-2B Sexual Abuse Screening Tool asks:

Section 1: Victimization

1. Have you been the victim of sexual abuse or unwelcome sexual activity?
2. Have you ever been threatened with sexual assault by another inmate/resident while incarcerated?
3. Have you ever been approached by another inmate/resident for sex while incarcerated?
4. Do you feel that you are vulnerable to sexual abuse or assault while incarcerated?
5. Is your sexual orientation or status lesbian, gay, bisexual, transgender, intersex or gender non-conforming or do you believe you are perceived to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming?
6. Do you have physical, mental, or developmental disabilities?
7. Do you have a current or prior conviction for sexual offense/abuse against a child or adult?
8. Inmate/Detainee appears to be physically, developmentally, or mentally disabled.
9. Inmate/Detainee has a small build or appears to be vulnerable.
10. Inmate/Detainee appears to be gender non-conforming, lesbian, gay, bisexual, transgender or intersex
11. Inmate/Detainee appears to be a loner, introverted, or naïve.
12. Inmate/Detainee has a youthful or elderly appearance which may contribute to vulnerability.
13. This is the first time the inmate/detainee has been incarcerated.
14. Inmate/Detainee has only non-violent offenses or institution record.
15. Inmate/Detainee is being detained solely for civil immigration purposes.

Section 3: Discrepancies Between the Interview and the File Review

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

The screening form is computerized; however, staff verbally ask detainees the questions. The staff determines the answers by verifying some of the information provided.

14-2B Sexual Abuse Screening Tool: Directions for Completion states:

*"1. For the purposes of numbers 14 and 19, violence should be considered in instances where the violence is against a person(s) and would not include destruction of property.*

*2. It should also be noted that questions 7 and 18 are the same (Do you have a current or prior conviction of sexual offense/abuse against a child or adult?). The question only needs to be asked once, but the response should be provided in both areas. It has been intentionally duplicated in both sections I and II based on the fact this behavior can be both an indicator of potential victimization and predatory behavior.*

*3. Comments should be provided for **any YES** answer in the space provided below each question or staff observation/file review item. As an example, if the inmate/detainee responds he/she has been the victim of sexual assault or unwelcomed activity, and is willing to share information regarding the incident, provide a brief description (i.e. raped while in the community, sexually abused by a parent when young, other inmates/detainees sexually harassed him/her, etc.). This would also apply to the staff observation items. As an example, to the observation of whether the inmate/detainee appears to be a loner, introverted, or naive, a yes answer would result in staff providing why they perceived the inmate/detainee in this manner (appeared to be very quiet, lacked confidence, extremely shy, averted eye contact, etc.).*

*4. If the staff observations or file reviews are in conflict with the answers provided by the inmate/detainee, it should be noted and any additional YES answers should be taken into consideration in the scoring of each area. (i.e. the inmate/detainee responds that he/she has not been convicted of a sexual offense, but the file review reveals a criminal conviction for a sexual offense; the inmate/detainee should receive a YES response for that question).*

*5. PREA (Prison Rape Elimination Act) alerts for the purpose of tracking predators, potential predators, victims and potential victims are in OMS as follows:*

- HOUP – Housing P (Predator);
- HOUPP – Housing PP (Potential Predator);
- HOUPV – Housing PV (Potential Victim); and
- HOUV – Housing V (Victim).

*Use of these alerts should correspond with the findings of the 14-2B Sexual Abuse Screening Tool. As an example, if an individual answers yes to question(s) one and/or two, the Victim box should be checked on the 14-2B and they should be assigned an alert for HOUV in OMS. If the screening tool reflects yes answers to three or more of the questions three through sixteen, the Potential Victim box should be checked on the 14-2B and an alert for HOUPV should be entered in OMS. This same direction applies to answers related to predatory history/risk; however, it should be noted that only two yes answers are required for numbers 18-21 to be considered a Potential Predator.*

*6. It is very important that the completed sexual abuse screening tools (14-2B) get forwarded to the Health Services Department to ensure further mental health screening and evaluation are completed."*

The auditor was able to observe the location the PREA risk screening take place and discuss the screening with staff.

The initial screening take place in one central room (not individual, private rooms). Although the screening staff attempt to make the screening as private as possible, there may be times when detainees may overhear the PREA risk screening take place, and the detainees answers to those questions. Although there is not requirement that the PREA risk screening be private, it is recommended that the process be reviewed and modified to ensure privacy. During the interview with the PCM, he said had also reviewed this location, and would be evaluating options for additional privacy.

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

14-2B Sexual Abuse Screening Tool asks:

Section 2: Predatory History/Risk

- 16. Do you have a previous conviction of sexual assault or abuse in a prison or jail?
- 17. Have you received a disciplinary sanction for sexual abuse while incarcerated in a prison or jail?
- 18. Do you have a current or prior conviction of a sexual abuse against a child or adult?
- 19. Do you have a current or prior conviction of a violent offense against a child or adult?
- 20. Have you received a disciplinary sanction for violence while incarcerated in a prison or jail?
- 21. Inmate/Detainee has a security threat group affiliation.

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

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

The PAQ provided by OMDK said that all 621 detainees who have been at the facility for 30 days or more received the 30-day reassessment.

The auditor reviewed several detainee files. There was a total of 29 files reviews. About half of the files reviewed were not completed within the 30-day timeframe.

The auditor asked the facility to provide her with all the 30-day screenings showing 3 months of reviews completed on time. The auditor asked the facility to provide documentation every two weeks on a day of their choosing. When the interim report was issued, the facility was instructed to continue to supply those reports.

The auditor has received and reviewed PREA 30-day screenings beginning on 4/7/2021 -7/10/2021. Since the facility has supplied on-time screenings for over 90 days, the auditor is satisfied with the corrective action, and finds the facility in full compliance of this provision of the standard.

**115.41 (g)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“A reassessment shall also be completed when warranted, due to a referral, request, incident of sexual abuse, or receipt of*

*additional information that may impact the inmate/detainee's risk of victimization or abusiveness. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator".*

The auditor was able to view detainees who were reassessed due to an allegation of sexual abuse.

*The PREA Investigation Workflow Checklist states "Notify unit to conduct rescreen on any sexual abuse that is substantiated or unsubstantiated". The notation is completed on the checklist, which was also supplied to the auditor.*

The PCM discussed the rescreening that is completed when warranted. He would complete the *PREA Investigation Workflow Checklist* and ensure the re-screening is 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.

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

Staff who perform screening for risk were able to articulate that a detainee would never be disciplined for refusing to participate in a risk screening. When interviewing detainees, the auditor was not made aware of a detainee who had been disciplined.

115.41 (i) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"The facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the inmate/detainee's detriment by staff or other inmates/detainees Measures taken shall include, but are not limited to:*

- a. Sexual Abuse Screening Interviews with inmates/detainees at intake shall be conducted with as much privacy as is reasonable given security and safety concerns.*
- b. An inmate/detainee shall not be permitted to complete his/her own 14-2B form (or contracting agency assessment form) or utilize assistance from other inmates/detainees to complete the form. All 14-2B forms shall be completed by staff.*
- c. Inmates/detainees shall not be permitted to have access to files containing assessment forms belonging to other inmates/detainees.*
- d. Where assessments are conducted electronically, access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff, and staff with a need to know for the safe and secure operation of the facility."*

In interviews with staff who screen for risk it the auditor was told that the PREA risk screenings are limited to only certain staff at the facility that need access to them. Most staff do not have access to them.

### **Corrective Action and Conclusion:**

The auditor asked the facility to provide her with all the 30-day screenings showing 3 months of reviews completed on time. The auditor asked the facility to provide documentation every two weeks on a day of their choosing. When the interim report was issued, the facility was instructed to continue to supply those reports.



The auditor has received and reviewed PREA 30-day screenings beginning on 4/7/2021 -7/10/2021. Since the facility has supplied on-time screenings for over 3 months, the auditor is satisfied with the corrective action, and finds the facility in full compliance of this provision of the standard.

## 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmate? ☒ Yes ☐ No

#### 115.42 (c)

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



health and safety, and whether a placement would present management or security problems?  
☒ Yes ☐ No

#### 115.42 (d)

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

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates 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.*

#### **Documents (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
- 14-2B Sexual Abuse Screening Tool
- 14-2 B Sexual Abuse Screening Tool Directions for Completion
- CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan
- Memorandum from Warden LaRose re: Transgender Viewing and Searches
- Otay Mesa Detention Center Intersex Rights Notification

#### **Interviews:**

- Staff who Conduct Screening for Risk
- Random Detainees
- PREA Compliance Manager
- Lesbian, Gay, Bisexual, Transgender and Intersex Detainees

#### **Standard Analysis:**

**115.42 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*All inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and program assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive.*”

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

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response also states, “*The facility shall use the information from the 14-2B Sexual Abuse Screening Tool, or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments, in the consideration of housing recreation, work program and other activities.*”

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

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

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

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

**115.42 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“In deciding whether to house a transgender/intersex inmate/detainee in a male or female unit, pod, cell, or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems”*.

CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities states *“CoreCivic facilities shall not base housing placement decisions for transgender or intersex inmates/detainees solely on the identity documents or physical anatomy of the inmate/detainee. An inmate/detainee's self-identification of his/her gender and self-assessment of safety needs shall be taken into consideration”*.

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

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

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

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

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

There had been no transgender or intersex detainees during the reporting period to talk to, or review documentation for but the auditor is satisfied with the process in place. During the interview with the PCM, he understood this process and explained it.

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

*The degree of separation required is dependent on the layout of the facility, and may be accomplished either through physical separation (e.g. separate shower stalls) or by timephasing or scheduling (e.g. allowing an inmate/detainee to shower before or after others).*

*The number of separate showers per day and the time of day for showering separately may be limited due to facility physical plant and/or institutional need.*

*Staff shall use discretion in determining whether to grant requests to shower separately made by newly arrived inmates/detainees who have not been identified as Transgender or Intersex, or have this review pending.*

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

**ALL INMATES ARE OFFERED THE OPPORTUNITY TO SHOWER IN AN INDIVIDUAL SHOWER PROVIDED WITH A SHOWER CURTAIN FOR PRIVACY. IF REQUESTED, A TRANSGENDER OR INTERSEX INMATE WILL BE ALLOWED TO SHOWER SEPARATE FROM THE GENERAL POPULATION DURING DESIGNATED COUNT TIMES. CASE MANAGERS WILL RECEIVE ALL REQUESTS FOR SHOWERS AND WILL COORDINATE THE SHOWERING OPPORTUNITIES.”**

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

*The degree of separation required is dependent on the layout of the facility, and may be accomplished either through physical separation (e.g. separate shower stalls) or by time phasing or scheduling (e.g. allowing an inmate/detainee to shower before or after others).*

*The number of separate showers per day and the time of day for showering separately may be limited due to institutional need.”*

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

A memorandum from Warden LaRose, dated January 26, 2021 states “*Transgender and intersex inmate/detainees shall be given the opportunity to shower separately from other inmate/detainees. At*

*Otay Mesa this is accomplished by scheduling, where all transgender and/or intersex detainees are forced showers during count times when all other detainees are secured in their cells or in their dormitories.”.*

Otay Mesa Detention Center Intersex Rights Notification states “*Intersex detainees shall be given the opportunity to shower separately from other detainees. You will be allowed to shower during count at 15:30.*”

There were no transgender or intersex detainees in the documentation period to review documentation, and no available to speak to during the audit. The PCM explained during his interview that they would ensure the detainee’s are able to shower separately, during count time.

**115.42 (g)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*CoreCivic facilities following the DOJ PREA Standards shall not place lesbian, gay, bisexual, transgender, or intersex inmates/detainees in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates/detainees*”

The auditor was told OMDC is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates/ detainees.

#### **Conclusion:**

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

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

##### **115.43 (b)**

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ 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 inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ 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 inmate'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 inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 10-101 Special Management /Restrictive Housing Unit Management
- Memorandum from Warden LaRose re: Protective Custody

### **Interviews:**

- Staff who supervise detainees in segregation
- Detainees who have alleged sexual abuse

### **Standard Analysis:**

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

10-101 Special Management /Restrictive Housing Unit Management states: *"Detainees identified with a history of perpetration of rape or sexual assault or sexual abuse in an institutional setting, documented by prior convictions and/or prior institutional records, shall be placed into restricted housing until the initial classification has been completed and the detainee can be housed in the most appropriate available setting. Detainees at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and it has been determined that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the detainee in involuntary segregated housing for less than twenty-four hours while completing the assessment"*.

The facility said they have had no detainees who were at high risk for sexual victimization placed in involuntary segregated housing in the past 12 months.

A memorandum from Warden LaRose dated November 19, 2020 was provided that said there have been no detainees held in restrictive housing/segregation at risk for sexual victimization for the past 12 months.

The auditor interviewed one detainee who had reported sexual abuse. He had been placed in segregation due to a false allegation, that was proven to be false by video evidence. He was not placed in segregation for risk of victimization.

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

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

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

10-101 Special Management /Restrictive Housing Unit Management states *“Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility should document the opportunities that have been limited, the duration of the limitation, and the reason for such limitations.”*.

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

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

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

10-101 Special Management /Restrictive Housing Unit Management states *“Every thirty days, a review of each detainee’s status will be conducted to determine whether there is a continuing need for separation from the general population. This determination will be a component of the thirty-day review, as outlined in the definitions section of this policy.”*

There were no examples to review. Staff who supervise detainee s in segregated housing were aware of this requirement, and said if a detainee were placed in segregation, they would be moved as soon as possible to another, less restrictive housing assignment.

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

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

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

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

The staff who supervised in segregated housing understood this requirement and said there had not been a time that this occurred. The auditor discussed this with the Warden and he was aware of the requirements in this provision.

**Conclusion:**

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

## REPORTING

### Standard 115.51: Inmate 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 inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

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

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Code of Ethics
- CoreCivic Ethics Poster
- Bulletin Board Postings (photo)
- 14-2AA PREA Pamphlet
- Detainee Handbook
- 5-1A Incident Report

#### Interviews:

- PREA Compliance Manager
- Random Staff
- Random Detainees

#### Standard Analysis:

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

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

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

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

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

OMDC provides multiple internal ways for detainees to privately report sexual abuse and sexual harassment, retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the abuse.

The auditor viewed several posters throughout the facility that provided reporting information for detainees at OMDC. There were posters in several locations providing reporting information, including in housing units, visiting rooms, classrooms, programs areas, etc.

In some detainee housing units, the PREA information posted on white paper, as are all the other postings on the bulletin board. It is recommended that brightly colored paper be utilized and laminated when possible, so they are not torn down, or destroyed.

The detainees can report a PREA incident on the tablets. This is also a best practice, as it would be more private than utilizing a detainee phone in a housing unit.

The auditor tested the detainee phone systems and left a “test” message on the PREA hotline. The PREA hotline did require the use of a detainee PIN number to leave a message, however staff do not have access to review the messages. Once contacted, the detainee’s information is immediately forwarded to supervisors to ensure someone can interview the detainee. It does not include any information about the message that was left. The PCM was able to immediately forward the information for the test call to the auditor for review.

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

All staff were able to recite at least some of the reporting options for detainees.

**115.51 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request.”*

When the auditor received the original documentation, it noticed the San Diego Assault Victim Advocacy/Center for Community Advocacy was the outside anonymous reporting option. The auditor contacted the facility and explained the FAQ regarding utilizing the victim advocacy organization for this purpose. The facility immediately implemented a change to have the outside reporting entity to be utilized for anonymous reporting as the San Diego Sheriff's Department.

All relevant documentation/postings were updated to include this information; however, it was recommended that it also be included during the next update for the detainee handbook. Photo evidence of the updated signage was sent to the auditor on April 7, 2021. During the onsite tour, the auditor was able to view the updated information posted throughout the facility.

The auditor wrote the San Diego Sheriff's Department to “test” this process, however the auditor did not receive a response. On 5/17/2021 the auditor was able to contact a representative from the Sheriff's office by email, and later by phone. They were unaware that they had been selected to be an outside reporting entity, and that they needed to immediately forward allegations of sexual abuse and sexual harassment back to CoreCivic agency officials, allowing a detainee to remain anonymous upon request.

The auditor contacted the Agency PREA Coordinator and discussed this with the PCM. The facility met with the San Diego Sheriff's Department to discuss this process on 6/29/2021. During the meeting they discussed the process of notification to OMDC and the privacy of the person reporting whom may wish to remain anonymous. In the event a person wishes to remain anonymous the Sheriff's office will redact all identifying information to protect the person reporting, sent it to OMDC and they will begin an investigation into the allegation. An attendance roster for the meeting was supplied to the auditor as documentation, which included participants from both OMDC and the San Diego Sheriff's office.

The auditor finds this practice compliant with this provision of the standard.

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

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

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



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

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

Some staff knew they could contact the Ethics line if they wanted to privately or anonymously report to someone outside of the institution.

During a previous audit, directly before this one, the auditor contacted the phone number for the Ethics line that was listed on the posters throughout the facility. The message said if it was a new allegation, the person calling needed to contact another phone number. The auditor contacted the new phone number and was able to contact an operator. The operator asked the auditor a series of questions, including if the auditor wanted to remain anonymous. The operator explained that if the auditor wanted to remain anonymous there was a way to log into a website and confidentially communicate with an investigator without having to give out their name or contact information. After providing all the information, the auditor received an email with login information. By the next day, the auditor had received a message from the Director of Ethics and Compliance at CoreCivic. He said that if it were not a “test” report, he would forward the allegation to the Warden and the PREA team from the Facility Support Center.

#### **Corrective Action and Conclusion:**

The agency will need to 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, that is able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials, allowing the detainee to remain anonymous upon request.

The auditor contacted the Agency PREA Coordinator and discussed this with the PCM. The facility met with the San Diego Sheriff’s Department to discuss this process on 6/29/2021. During the meeting they discussed the process of notification to OMDC and the privacy of the person reporting whom may wish to remain anonymous. In the event a person wishes to remain anonymous the Sheriff’s office will redact all identifying information to protect the person reporting, sent it to OMDC and they will begin an investigation into the allegation. An attendance roster for the meeting was supplied to the auditor as documentation, which included participants from both OMDC and the San Diego Sheriff’s office.

The auditor now finds the facility in full compliance of every provision of this standard.

## **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 inmate grievances regarding sexual abuse. This

does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

#### 115.52 (b)

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

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ 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 inmates 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 inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).  
☒ 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 inmate 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 an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

#### **Interviews:**

- Grievance Coordinator

#### **Standard Analysis:**

**115.52 (a-d)** OMDC reports they are exempt from this standard, as they do not use the Grievance Procedure to resolve allegations of sexual abuse and sexual harassment.

The auditor spoke with the Grievance Coordinator at the facility and verified they do not accept grievances of sexual abuse. The Grievance Coordinator would immediately forward any allegation of sexual abuse or sexual harassment to facility investigators.

#### **Conclusion:**

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

### **Standard 115.53: Inmate 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 inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ 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 inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ 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 inmates 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Memorandum from the Warden re: Advocacy
- Attempts to Obtain an MOU
- Website Information for Center for Community Solutions
- PREA Brochure

## Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Mailroom Staff
- Random Detainees
- Detainees who have Reported Sexual Abuse
- Outside Confidential Victim Advocates

## Standard Analysis:

**115.53 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Inmates/detainees shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations.

AT THIS FACILITY, THE FOLLOWING COMMUNITY AGENCY OR AGENCIES PROVIDE EMOTIONAL SUPPORT SERVICES: Center for Community Solutions/ aka San Diego Sexual Assault Victim Advocacy 4508 Mission Bay Drive, San Diego, CA 92129 1-888-385-4657.

The auditor was provided the MOU with Center for Community Solutions on 3/24/2021.

The website information for Center for Community Solutions was provided to the auditor. The website information explained that they provide Sexual Assault Victim Advocacy and have a 24-hour crises line available.

The auditor called and emailed the Center for Community Solutions but had not heard back as of the date of this report.

The auditor reviewed a posting in each detainee housing unit that provided this contact information for detainees. When random detainees were interviewed, very few knew about outside victim advocacy but knew PREA information was posted in the housing units.

detainees who reported sexual abuse were not aware of their ability to contact a victim advocate. It is recommended that additional information on victim advocacy be provided through adding to handbooks, and other publications.

**115.53 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Inmates/detainees shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.*

*Consistent with applicable laws and emotional support service provider policy, information shall be reported to the facility without the inmate/detainee’s consent, in the event that the inmate/detainee 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or, 4) threatens the security of the facility or to escape.*

*If confidential information must be disclosed, facility staff will not share any information beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law”.*



The PC said this policy language is intended to be generic and included commonly found language on what is generally reported. It is not intended to mandate what each agency providers advise detainees. Each agency informs detainees based on their policy and applicable state law for mandatory reporting policies.

The CoreCivic PREA pamphlet states *“Calls made to community agency/rape crisis center PREA Hotline numbers are not monitored or recorded. Information that you provide to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. There are, however, certain situations and conditions under which staff from those agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. If confidential information must be disclosed, information will not be shared beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. If you are concerned about the extent to which community agencies forward reports of sexual abuse to law enforcement or the facility, you should discuss this with that agency when you place the call.”*

The MOU with Center for Community Solutions states that the organization agrees to “provide residents calling the hotline with information on the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.”.

The facility told the auditor the calls to the Center for Community Solution is not monitored or recorded.

**115.53 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“CoreCivic shall maintain, or attempt to enter into, Memorandums of Understanding (MOU) or other agreements with community service providers that are able to provide inmates/detainees with confidential emotional support services related to sexual abuse.*

CoreCivic has signed and MOU with the Center for Community Solutions to provide detainees with confidential emotional support services related to sexual abuse.

#### **Corrective Action and Conclusion:**

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

## **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 an inmate? ☒ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Copy of facility PREA information from the CoreCivic website
- CoreCivic Ethics Line Poster

#### **Interviews:**

- Random Detainees
- Random Staff

#### **Standard Analysis:**

**115.54** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-757-4448 or through [www.CoreCivic.ethicspoint.com](http://www.CoreCivic.ethicspoint.com).”

*Third party reporting information is posted on the facility page on the CoreCivic web-site: CoreCivic.com.”*

The CoreCivic website states “*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/ethics](http://www.corecivic.com/ethics) line.*

*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."*

The Ethics Line is available for third-party reporting.

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

The auditor reviewed all PREA investigations in the past 12 months, and there were no allegations that came from a third-party report.

#### **Conclusion:**

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

## **OFFICIAL RESPONSE FOLLOWING AN INMATE 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 inmates 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 inmates 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Sexual Abuse Incident Check Sheet
- PREA Investigator Log

#### Interviews:

- Warden
- PREA Coordinator
- Random Staff
- Medical and Mental Health Staff

### **Standard Analysis:**

**115.61 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“In accordance with this policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding, an incident of sexual abuse or sexual harassment that has occurred in any facility (including a facility that is not part of CoreCivic).”*.

All OMDC staff understood they were to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. Staff were able to clearly articulate the process for reporting and understood their responsibilities.

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

When reviewing the sexual abuse and sexual harassment investigations in the past 12 months, each allegation appeared to be immediately reported and investigated.

The auditor reviewed incident reports and PREA Investigator Log for allegations, showing employees immediately reported any knowledge, suspicion, or information regarding sexual abuse and sexual harassment.

**115.61 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.”*.

Staff interviewed all understood that PREA information needed to be as confidential as possible, and many were able to talk about who may or may not be someone who needs to know to make treatment, investigation or other security and management decisions.

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

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

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

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

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

The facility self-reported they did have any allegations that met the mandatory reporting requirements during the previous 12 months prior to the audit. The auditor was not able to locate any allegations that would qualify as child or vulnerable adult abuse.

**115.61 (e)** All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are made to the facility's designated investigators, which is the facilities designated PREA investigator and ADC's CIU.

The *Sexual Abuse Incident Check Sheet* says the PREA Compliance Manager or Facility Investigator notifies law enforcement. The *PREA Investigation Workflow Checklist* says to contact CIU if it has not already been done.

The auditor reviewed all sexual abuse and sexual harassment allegation in the past 12 months, and all allegations had been reported to an investigator.

#### **Conclusion:**

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

## **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 an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ 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.

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Sexual Abuse Incident Check Sheet
- PREA Overview Participant Workbook
- PREA Overview Facilitator's Guide
- First Responder Card
- Memorandum from Assistant Warden Roemmich re: Imminent Sexual Abuse

**Interviews:**

- Agency Head Designee
- Warden
- Random Staff

**Standard Analysis:**

**115.62** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "When it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee."

The *PREA Overview Participant Workbook* and *PREA Overview Facilitator's Guide* for PREA training explains immediate action must be taken, including separating the victim and the abuser.

The facility reported that there had not been any determinations that a detainee was subject to a substantial risk of imminent sexual abuse in the 12 months prior to the audit. The auditor reviewed all sexual abuse and sexual harassment allegation in the previous 12 months and was not able to locate any allegations that would have required the facility to be concerned about a substantial risk of imminent sexual abuse. The facility also included a memorandum from Assistant Warden Roemmich that said there have been no incidents where staff responded to imminent sexual abuse.

The Agency Head Designee and Warden said during his interview that the facility would take immediate action when the imminent risk of sexual abuse was indicated.

Random staff were all able to say they would take immediate action, including immediately separating detainees when there was an allegation of sexual abuse. All staff realized that the most important thing was keeping the detainee safe and that it was their responsibility to do so.

Many staff had first responder cards that they kept in their pockets in case they needed to respond. A Sexual Abuse Incident Check sheet explained the steps that need to be taken following an allegation of sexual abuse.

**Conclusion:**

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

## 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 an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Copies of 5-1 reports

#### Interviews:

- Agency Head

- Warden

### **Standard Analysis:**

**115.63 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Upon receiving an allegation that a current inmate/detainee had been sexually abused while confined at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken:*

*The Warden/Facility Administrator of the facility that received the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place.*

*A copy of the statement of the inmate/detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.”.*

The interview with The Agency Head and Warden were aware of the requirement to report this information.

**115.63 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states such reports should happen as soon as possible, but no later than 72 hours after receiving the allegation.

There were no examples provided to the auditor for review.

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

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

**115.63 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Upon receiving notification from another facility that an incident/allegation of sexual had occurred while the inmate/detainee was previously confined at the facility, the following actions shall be taken.*

*The facility shall record the name of the agency making the notification, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. An inmate/detainee statement should be requested.*

*If the allegation was reported and investigated in accordance with CoreCivic Policy and/or referred for criminal investigation if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. iii. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The Incident shall be reported through the 5-1 IRD.”*

The facility reported they had not received any allegations from another facility. During the auditor’s review of sexual abuse and sexual harassment allegations in the past 12 months, there were no allegations that had been received by another facility.

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

### **Conclusion:**

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

## 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 an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- PREA Overview Participant Workbook
- PREA Overview Facilitator's Guide
- 14-2-C Sexual Abuse Incident Checklist
- First Responder Card
- Copies of 5-1 Incident Reports

**Interviews:**

- Staff who have acted as a First Responder (Security and non-security)
- Detainees who Reported Sexual Abuse

**Standard Analysis:**

**115.64 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Upon learning of sexual abuse, or an allegation of sexual abuse, the first security responder is required to complete the following:*

*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 d. Notify the highest supervisory authority on-site.*

*Following notification from first responders, the highest supervisory authority on-site shall ensure that the ADO, the PREA Compliance Manager, and Warden/Facility Administrator are immediately notified of the incident.*

*While in the Health Services Department, and if the abuse occurred within a time 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".*

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

Staff training includes first responder information.

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

**115.64 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then shall notify security staff."*

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

The auditor interviewed several random staff that was not security members in various capacities. All staff was able to discuss the steps that needed to be taken after an allegation of sexual abuse and their first responder duties.

All staff had been provided a card with their first responder duties that they can carry with them, to use as a reference if needed.

#### **Conclusion:**

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

### **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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 13-79 Sexual Assault Response Protocol
- CoreCivic/OMDC PREA Institutional Plan
- 13 79A Sexual Assault Response Protocol
- Memo from the Warden assigning staff to positions on the Sexual Abuse Response Team (SART)
- 5-1 Reports of Incidents
- MOU with the San Diego County Sheriff's Department
- Letter from Palomar Health

### **Interviews:**

-Warden

### **Standard Analysis:**

**115.65** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"In order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that shall include, but is not limited, to the following positions:*

*PREA Compliance Manager and/or Administrative Duty Officer (ADO) – The ADO on-site or on-call is responsible for overall coordination of the facility response to an incident of sexual abuse to ensure the policy is implemented effectively. The ADO will ensure that the 14-2C Sexual Abuse Incident Check Sheet is followed and the incident has been reported according to policy. The ADO will serve as a primary liaison with investigators until such time as the PREA Compliance Manager arrives.*

*Medical Representative – The medical representative shall assess the alleged victim's acute medical needs and explain the need to the victim for a forensic exam if appropriate. The medical representative shall ensure that the facility medical staff responded appropriately and medically stabilized the victim before assessment by a community medical provider, if medically indicated.*

*Security Representative – The Security Representative shall ensure inmate/detainee safety needs are addressed, including separating the alleged victim and perpetrator, and that employee responses to reports of sexual abuse and sexual harassment are timely and consistent with policy.*

*Mental Health Representative – This position ensures that the alleged victim is assessed, and that mental health needs are addressed according to policy and local procedure.*

*Victim Services Coordinator – A Chaplain or employee designated by the Warden/Facility Administrator may serve as the facility Victim Services Coordinator. The Victim Services Coordinator may not be a member of security. This individual shall attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim of sexual abuse. In the absence of a victim advocate, the Victim*

*Services Coordinator may provide inmates/detainees with confidential emotional support and will ensure that inmates/detainees are aware that they may access additional victim resources through community victim agencies.*

*SART team assignments as outlined above in section L.1. 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, but are not limited to, the following:*

*Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA National Standards;*

*Conducting the Post Incident Review and completing the 14-2F Sexual Abuse or Assault Incident Review Report;*

*Serving on the facility multi-disciplinary team responsible for developing treatment plans for Transgender inmates/detainees; and d. Ensuring that follow-up Medical and mental health referrals have been completed.*

CoreCivic Policy 13-79 Sexual Assault Response Protocol outlines the procedures for medical staff first responders, triage and treatment and the Rape/Sexual Assault Protocol.

A CoreCivic/OMDC PREA Institutional Plan was provided as documentation that outlined the SART's response plan. It says:

- “The PCM will serve as the primary liaison with law enforcement*
- The medical representative will ensure appropriate medical response*
- The security representative will ensure safety needs are addressed and the employee responses are timely and consistent with policy*
- The mental health representative will ensure victim is assessed and mental health needs are addressed, and*
- The victim services coordinator will ensure that inmates are able to access victim resources and are informed of their rights to care and be protected from victimization.”*

The *Sexual Abuse Incident Checklist* also covers notifications made per the institutional plan.

The auditor reviewed incident reports that indicated OMDC was following the institutional plan that is in place.

An MOU with the San Diego County Sheriff's Department was provided to explained how the criminal investigator would fit within the institutions coordinated response.

A memorandum from Warden LaRose dated November 17, 2020 was submitted listing out the SART members at OMDC.

A letter from Palomar Health outlines how they would conduct a forensic exam within a SART approach. It states, *“The sexual assault program (SAP) of San Diego is a multi-disciplinary team of professionals that consists of a forensic nurse examiner, a law enforcement officer, and a victim advocate”.*

**Conclusion:**

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

**Standard 115.66: Preservation of ability to protect inmates 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 inmates 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Memorandum from Warden LaRose re: Preservation of Ability to Protect Inmates from Contact with Abuser

**Interviews:**

- Agency Head

### Standard Analysis:

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

OMDC reports they do not have any collective bargaining agreements.

A memorandum from Warden LaRose dated November 19, 2020 was submitted to the auditor that states “During the accreditation period there has been no Collective Bargaining Agreement at Otay Mesa Detention Center.”.

**115.66 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in and a preponderance of the evidence in determining whether sexual abuse or sexual harassment are substantiated.

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

OMDC reports they do not have any collective bargaining agreements.

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

### Conclusion:

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

## 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 inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ 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 inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ 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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ 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 inmate 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 inmate 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 inmate 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 inmates, 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- MOU with SACASA
- Completed 14-2D PREA Retaliation Monitoring Report
- Memorandum from Warden LaRose re: Agency Protection Retaliation

#### Interviews:

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

#### Standard Analysis:

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



OMDC utilizes the form *14-2D PREA Retaliation Monitoring Report* to track retaliation monitoring. The auditor interview one of the staff who is charged with retaliation monitoring at the facility. The staff was able to explain the process for doing so.

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

The auditor spoke with detainees who had reported sexual abuse, however, all abuse allegations were determined to be unfounded through video or other evidence prior to the formal retaliation monitoring period.

**115. 67 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The facility shall employ multiple protection measures to monitor retaliation against inmates/detainees including but are not limited to, (a) housing changes or transfers for inmate/detainee victims or abusers, (b) removal of alleged staff or inmate/detainee abusers from contact with victims, (c) emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, (d) periodic status checks, and (e) monitoring disciplinary reports, housing or program changes*

*ADO staff, or the Warden/Facility Administrator will determine, on a case-by-case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other inmates/detainees is warranted. This determination will take into account the gravity and credibility of the allegations.*

The Warden and the staff member who monitors for retaliation were able to list the multiple protection measures they employ. A memorandum was submitted to the auditor from Warden LaRose dated February 4, 2021 saying that the Prevention of Sexual Assault Compliance Manager and/or the Mental Health Specialist would do the retaliation monitoring for detainees and the Prevention of Sexual Assault Compliance Manager and/or the Human Resource Manager would monitor staff.

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

**115. 67 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“For at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates/detainees who reported sexual abuse and inmates/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60- 90) or contracting agency equivalent form.*

*For at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are changes that may suggest possible retaliation by inmates/detainees or other staff. Monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form.*

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

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

**AT THIS FACILITY, THE POSITION THAT WILL SERVE AS THE DESIGNATED STAFF PERSON CONDUCTING STAFF 30/60/90 DAY MONITORING IS: PREVENTION OF SEXUAL ASSAULT**

## COMPLIANCE MANAGER AND/OR THE MENTAL HEALTH SPECIALIST/HUMAN RESOURCES MANAGER

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

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

The staff member who monitors for retaliation explained this would be completed for both staff and detainee reporters and would occur for at least 90 days.

The form *14-2D PREA Retaliation Monitoring Report* specifies that the monitoring is for either staff or detainee and take place in 30-, 60- and 90-day increments.

**115. 67 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need.*”

The form *14-2D PREA Retaliation Monitoring Report* says the retaliation will be monitored beyond 90 days, as indicated.

The staff member who monitors for retaliation knew that the monitoring could be ongoing past the 90 days if there was a concern for retaliation.

Since all the sexual abuse allegations were unfounded, there was no formal monitoring that took place to review.

**115. 67 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.*”

The Agency Head and Warden were familiar with this requirement and said this is taken seriously at CoreCivic and OMDC.

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

The staff member who monitors for retaliation understood this requirement.

The auditor reviewed the investigative files of allegations in the past 12 months and monitoring was terminated when the allegation was determined to be unfounded.

### **Conclusion:**

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

## **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 an inmate 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 10-101 Segregation/Restrictive Housing Management USMS

#### Interviews:

- Staff who supervise detainees in segregation
- Detainees who have alleged sexual abuse

#### Standard Analysis:

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

*Inmates/detainees placed in restrictive housing pursuant to section I.8. above shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) the reasons for such limitations.*

*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*

*If involuntary 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.*

*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."*

*CoreCivic Policy 10-101 Segregation/Restrictive Housing Management USMS states: Segregated housing should only be used until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty days. If involuntary segregated housing is warranted following a PREA allegation, as outlined above in A.6.b.ii, the following information shall be clearly documented on the 10 -101A Confinement Record: the basis for the facility's concern for the detainee's safety; and the reason why means of separation can be arranged. Every thirty days, a review of each detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. This determination will be a component of the thirty day review, as outlined in the definitions section of this policy."*

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

The staff who supervised in segregated housing were not aware of any detainees who had been placed there for high risk of victimization. The warden was aware that detainees who were at high risk of victimization should not be placed in segregated housing.

There were detainees who were placed in involuntary restricted housing following an allegation of sexual abuse, however, it was due to unfounded allegations that were proved to be false due to video evidence.

#### **Conclusion:**

The auditor has determined the facility is in full compliance with every provision of this standard, and standard 115.43.

## **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 inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☐ Yes ☒ 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.*



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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 5-1 Incident Reporting
- Website Information for the San Diego Sheriff's Department
- MOU with the San Diego Sheriff's Department

## **Interviews:**

- Investigative Staff (both administrative and criminal)
- Detainees who have Reported Sexual Abuse

## **Standard Analysis:**

**115.71 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports.”*

There is one facility investigator and one who can back up when needed if the facility investigator is out of the office. The auditor interviewed the facility investigator who conducts administrative investigations. The investigator understood that all investigations shall be done promptly, thoroughly, and objectively, including third-party reports and anonymous reports.

The auditor reviewed all allegations of sexual abuse and sexual harassment in the 12 months before the audit. All administrative investigations appeared prompt, thorough and objective. Investigations reviewed included third-party and anonymous reports.

**115.71 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The facility shall use investigators for administrative investigations who have received special training in sexual abuse investigations pursuant to Standards”.*

The facility investigator and backup who can conduct administrative sexual abuse and sexual harassment investigations have received specialized training in sexual abuse investigations in a confinement setting per standard 115.34. The auditor was able to review training transcripts and the investigator described the training he had received in his interview with the auditor.

**115.71 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”*

The investigator was aware of this requirement and spoke about evidence collection and the process they would go through to complete a thorough investigation.

The investigative reports the auditor reviewed appeared to include direct and circumstantial evidence.

**115.71 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“When the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”*

The auditor did not review any investigations that included compelled interviews; however, the investigator was aware of this requirement, and it was part of the training he had received.

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

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

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

- a. Investigative facts (i.e. specific details about what actually happened);*
- b. Physical evidence (e.g. clothes collected, medical evidence, etc.);*
- c. Testimonial evidence (e.g. witness statements);*
- d. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible);*
- e. Investigative findings (i.e. discovery or outcome of the investigation); and*
- f. An explanation as to how the conclusion of the investigation has reached the conclusion.”*

The administrative investigator was able to describe these requirements during his interview with the auditor.

The auditor reviewed all administrative sexual abuse and sexual harassment investigations in the past 12 months, and they documented each of these requirements.

**115.71 (g)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible”.*

The auditor reviewed all criminal sexual abuse and sexual harassment investigations in the past 12 months, and they documented each of the requirements required in this provision.

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

**115.71 (i)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.”*

CoreCivic’s retention schedule was provided to the auditor for review. It states *“PREA Investigative Files and written reports to be retained as long as the alleged abuser is incarcerated or employed plus 5 years”.*

**115.71 (j)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.*”

Both administrative and criminal investigators were aware that the departure of the victim or abuser shall not provide a basis for terminating the investigation.

The auditor reviewed allegations in which the victim and/or the suspect were no longer at the facility at the time of the investigation, and the investigation was completed.

**115.71 (k)** The auditor is not required to audit this provision; however, criminal investigations are completed by San Diego Sheriff’s Department. Their website says they also comply with PREA.

**115.71 (l)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.*”

OMDC cooperates with the San Diego Sheriff’s Department investigators and remains informed of the progress of the investigation.

#### **Conclusion:**

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

## **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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

**Interviews:**

- Investigative Staff

**Standard Analysis:**

**115.72** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place*”.

The auditor interviewed the investigator, who explained that the preponderance of the evidence is used when determining the outcome of a sexual abuse and sexual harassment allegations.

The auditor reviewed all the sexual abuse and sexual harassment allegations in the 12 months before the audit, and it appeared the outcomes were all appropriate and based on the preponderance of the evidence.

**Conclusion:**

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

## **Standard 115.73: Reporting to inmates**

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

#### **115.73 (a)**

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

#### **115.73 (b)**

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

#### **115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Copies of Completed 14-2E Inmate PREA Allegation Status Notifications

### **Interviews:**

- Warden
- Investigative Staff
- Detainees who Reported Sexual Abuse

### **Standard Analysis:**

**115.73 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"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."*

OMDC utilizes the form *14-2E Inmate PREA Allegations Status Notifications* to document that the detainee is informed of the outcome of the investigation.

The auditor reviewed *14-2E Inmate PREA Allegations Status Notifications* in all investigative files reviewed. The investigative staff is the person responsible to notify the detainee of the outcome of the investigation.

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

Detainees who had alleged sexual abuse that was interviewed by the auditor did say they were told of the outcome of the investigation. Additionally, the detainee is asked to sign the form, confirming that they have received the required notification of the status of their allegation of sexual abuse. Completed forms are available in the investigative files.

**115.73 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee"*.

San Diego Sheriff's Department keeps the facility informed on the status of the investigation.



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

- a. The employee is no longer posted within the inmate/detainee's unit as a result of the findings of the investigation;*
- b. The employee is no longer employed at the facility as a result of the allegation;*
- c. The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or*
- d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.”.*

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

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

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

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

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

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

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

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

## **Conclusion:**

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

## 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 3-3 CoreCivic Code of Ethics

**Interviews:**

- PREA Compliance Manager

**Standard Analysis:**

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

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

The PAQ said staff will be subject to disciplinary sanction, including terminations, however, in the past 12 months, there were no substantiated allegations of sexual abuse and sexual harassment involving a staff member.

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

**115.76 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse."*

The PAQ said there were no terminations for violating agency sexual abuse or sexual harassment policies.

The auditor reviewed the investigative files and found no investigations that determined a staff violated sexual abuse or sexual harassment policies and have been terminated. During the onsite audit, employees mentioned they would lose their job if they violated sexual abuse and sexual harassment policies.

**115.76 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories."*

Since there were no examples, the auditor was unable to verify that the disciplinary sanctions were commensurate with the provision.

**115.76 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “All employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”.

The PAQ said there were no staff from the facility who were reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies,

**Conclusion:**

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

## **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 inmates? ☒ 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 inmates? ☒ 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.

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 22-1 Volunteer Services and Management

**Interviews:**

- Warden

**Standard Analysis:**

**115.77 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “Any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmates/detainees and shall be reported to law enforcement agencies and to any relevant licensing body.”

There were no allegations of sexual abuse that was involving a contractor or volunteer that were substantiated within the 12 months before the audit. The Warden said that any contractor or volunteer that engaged in sexual abuse would be immediately prohibited with contact with detainees.

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

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

The warden said he would take appropriate corrective action as needed.

**Conclusion:**

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

## **Standard 115.78: Disciplinary sanctions for inmates**

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

**115.78 (a)**

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

#### 115.78 (b)

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

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ 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 inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ 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 inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 15-2 Disciplinary Procedures (Adult)
- CoreCivic Policy 15-1 Offense and Penalty Code
- Detainee Handbook/Notice of Offenses and Penalties

### **Interviews:**

- Warden
- Medical and Mental Health Staff
- Random Staff

### **Standard Analysis:**

**115.78 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *"Inmates/detainees shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate/detainee engaged in inmate/detainee-on inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee-on inmate/detainee sexual abuse."*

The detainee handbook states that the charge assault includes rape.

There was no substantiated allegation of detainee -to- detainee sexual abuse to review during the 12 months before the audit.

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

The detainee handbook states penalties for rule violations depend on the severity.

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

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

CoreCivic Policy 15-2 Disciplinary Procedures (Adult) states that *“If the inmate/resident has been diagnosed as having a psychiatric illness, the Warden/Administrator and the responsible physician or their designee will be consulted prior to the disciplinary measures recommended by the Hearings Officer or Disciplinary Board being taken. USMS: In accordance with FPBDS, when a disciplinary hearing officer is confronted with a detainee who demonstrates symptoms of mental illness, the disciplinary officer consults with qualified mental health services professionals to provide input as to: the detainees competence to participate in the disciplinary hearing, responsibilities for charged behavior, information of known mitigating factors in regard to the behavior, and impact of the applicable sanctions on the detainee's mental health treatment plan.”*.

**115.78 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.”*

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

**115.78 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“An inmate/detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact.”*.

**115.78 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Inmates/detainees who deliberately allege false claims of sexual abuse may be disciplined. For the purposes of 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.”*.

Examples were provided to the auditor of detainees filing false PREA claims. It appears only allegations made in bad faith were disciplined. Samples of disciplinary reports were reviewed by the auditor and complied with this standard.

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

Consensual sexual activity is considered a rule violation and is treated as such.

## **Conclusion:**

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

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

#### 115.81 (b)

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

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ 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 inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- Email notifications and Mental Health Records

#### **Interviews:**

- Mental Health Staff
- Detainees who Reported Sexual Abuse during a Risk Screening

#### **Standard Analysis:**

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

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

Examples of emails were provided to the auditor, as well corresponding mental health evaluation records. The mental health professional saw the detainee within a few days of disclosing sexual abuse during a risk screening.

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

Detainees who reported sexual abuse during a risk screening said they were offered a mental health assessment.

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

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

Examples of mental health evaluations within the 14-day timeframe were provided to the auditor.

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

**115.81 (c)** OMDC is a prison, therefore this provision is not applicable.

**115.81 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.*”.

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

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

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

#### **Conclusion:**

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

## **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 inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
☒ Yes ☐ 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 inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 13-79 Sexual Assault Response
- 5-1 Incident Reports
- Rape /Sexual Assault Protocol

#### Interviews:

- Medical and Mental Health Staff
- First Responders
- Detainees who Reported Sexual Abuse

#### Standard Analysis:



**115.82 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider, if medically indicated, or, for collection of evidence if requested by law enforcement for a potential criminal investigation*”.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response also states “*Upon receiving notice of an alleged rape, sexual assault, an/or sexual abuse, a QHCP will evaluate the inmate/detainee utilizing the 13-79 Rape Sexual Assault Protocol and assess evidence of physical trauma. If physical trauma is evident, the inmate/detainee patient will be transported to the local designated emergency room for medical treatment. The findings of care of the patient will be documented on the 13-34A1 Facility Emergency Flow Sheet and the 13-34A2 Facility Emergency Anatomical Form.*”.

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

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

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

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

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

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

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

**115.82 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxes, in accordance with professionally accepted standards of care where medically appropriate.*”

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

**115.82 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Treatment services shall be provided to the victim of sexual abuse while incarcerated without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*”

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

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

**Conclusion:**

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

## **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 inmates 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 inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ 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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

### 115.83 (f)

- Are inmate 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 inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 13-79 Sexual Assault Response (Medical)
- 5-1 Incident Reports
- Rape /Sexual Assault Protocol

### Interviews:

- Medical and Mental Health Staff
- Detainees who Reported Sexual Abuse

## Standard Analysis:

**115.83 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The facility shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates/detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.”*

Medical and mental health staff were able to describe ongoing medical and mental health care that would be available, as appropriate. A log of initial and follow up mental health services for victims and predators was provided to the auditor.

**115.83 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response *“The evaluation and treatment of such victims shall include, as appropriate: Follow-up services. Treatment Plans. Referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.”*

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

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

**115.83 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The facility shall provide such victims with medical and mental health services consistent with the community level of care.”*

Medical and mental health staff said the care provided to victims is consistent with the community level of care, and one medical person said it was even higher than community level of care in some ways.

**115.83 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response *“Inmate/detainee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.”*

Medical staff knew of this requirement and would be offered a pregnancy test.

**115.83 (e)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee will be provided information regarding lawful pregnancy-related services in a timely manner.”*

Medical staff knew of this requirement and would offer if able to get pregnant.

**115.83 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“Inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.”*

Medical and mental health staff understood the necessity to check for sexually transmitted infections when medically appropriate.

**115.83 (g)** Treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

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

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

**Conclusion:**

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

## 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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- 14-2 F Forms for Sexual Abuse Incident Reviews

### Interviews:

- Warden
- PREA Compliance Manager
- Incident Review Team

### Standard Analysis:



**115.86 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states *“The Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.”*.

The warden understood a post conclusion incident review needed to be completed for every unsubstantiated and substantiated allegation of sexual abuse.

Three members of the incident review team were interviewed and verified it would be completed.

OMDC documents the Incident Reviews on form 14-2F Sexual Abuse Incident Reviews. The auditor reviewed the incident reviews for allegations of sexual abuse. It should be noted in some cases, incident reviews were completed even though the allegation was determined to be sexual harassment, which exceeds the requirements of the standards.

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

The auditor reviewed all incident reviews, and all were completed within the 30-day timeframe.

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

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

Form 14-2F Sexual Abuse Incident Reviews considers:

- “1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;*
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;*
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;*
- (4) Assess the adequacy of staffing levels in that area during different shifts;*
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and*
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager”*

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

The auditor reviewed the incident review reports, which included recommendations and reasons for not doing so.

## Conclusion:

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

## 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 inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ 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

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- CoreCivic Policy 5-1 Incident Reporting
- 2019 PREA Annual Report
- 2018, 2019 SSV
- CoreCivic Retention Schedule

#### **Interviews:**

-PREA Coordinator

#### **Standard Analysis:**

**115.87 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 5-1BB.”.

The PREA 5-1 Incident Reporting form was provided to the auditor. It explains the PREA standards definitions for tracking purposes.

The PREA Coordinator explained the tracking mechanism CoreCivic utilizes for tracking allegations of sexual abuse and sexual harassment.

**115.87 (b-c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “The incident-based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.”.

The 2018 and 2019 SSV was provided to the auditor as documentation. It detailed the aggregated data for those calendar years.

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

The PREA Coordinator explained CoreCivic collects data from all allegations of sexual abuse and sexual harassment. The data is stored in an electronic tracking system and is from the investigative reports, sexual abuse incident reviews, etc.

**115.87 (e)** CoreCivic is a private facility, however, it is the contracted entity and does not contract for confinement with others to house its detainees.

**115.87 (f)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by that Department.*”.

The PREA Coordinator said the SSV is submitted by the due date each calendar year. The auditor reviewed the SSV’s for 2018 and 2019 and they were completed by the due date requested.

**Conclusion:**

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

## **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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- PREA Annual Reports for 2017, 2018, 2019
- CoreCivic Webpage

#### Interviews:

- Agency Head Designee
- PREA Coordinator

#### Standard Analysis:

**115.88 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "*The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include Identifying problem areas and taking corrective action on an ongoing basis.*".

The annual reports assess the aggregated sexual abuse data and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas and taking corrective action on an ongoing basis.

The PC explained the process for completing this report.

**115.88 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*CoreCivic will prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year’s aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.*”.

The annual report included a comparison of the current and previous years data and provide an assessment of the agency’s progress in addressing sexual abuse.

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

**115.88 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website.*”.

The Executive Vice President (Chief Corrections Officer) approves the report on an annual basis, and it is posted on the public website.

**115.88 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated.*”.

There were no specific materials disclosed on the report that would present security concerns.

The PC said that there would be no such data posted, without redaction.

#### **Conclusion:**

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

## **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.*

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

- CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
- PREA Annual Report for 2019
- CoreCivic Records Retention Schedule

#### Interviews:

- PREA Coordinator
- PREA Compliance Manager

#### Standard Analysis:

**115.89 (a)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states "All case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records."

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

**115.89 (b)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website.*”.

The auditor reviewed CoreCivic’s website before the onsite audit and was able to see PREA data listed.

**115.89 (c)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.*”.

The auditor reviewed CoreCivic’s website prior to the onsite audit and was able to see that there were no personal identifiers listed.

**115.89 (d)** CoreCivic Policy 14-2 Sexual Abuse Prevention and Response states “*The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.*”.

The Core Civic Retention Schedule listed 5-1 Incident Reports (includes entire incident packet- PREA) as 10 years.

#### **Conclusion:**

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

## **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 inmates, residents, and detainees?  
☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ 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.*

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

CoreCivic Website

#### Interviews:

**Standard Analysis:**

115.401 (a) CoreCivic ensures each facility operated by the agency receives an audit at least once every three years. The audit reports are posted on CoreCivic website.

115.401 (b) CoreCivic ensures each facility operated by the agency receives at least one-third of each facility type audit every year. The audit reports are posted on CoreCivic website.

115.401 (f) The auditor reviewed all relevant agency-wide policies, procedures, reports, internal, and external audits, and accreditation for each facility type. This information was sent to the auditor before the onsite audit.

115.401 (g) The auditor reviewed a sampling of relevant documents. The auditor's methodology for reviewing this documentation is detailed at the beginning of the report.

115.401 (h) The auditor had access to and observed all areas of the audited facilities. The auditor conducted an extensive site review on the first day of the onsite audit.

115.401 (i) The auditor received relevant documents. Documents reviewed are detailed in the standard-by-standard analysis.

115.401 (j) The auditor will retain and preserve all documentation. The documentation will be provided to the Department of Justice upon request.

115.401 (k) The auditor interviewed a representative sample of detainee, staff, supervisors, and administrators. The auditor followed all guidelines for interviews in the auditor handbook.

115.401 (l) The auditor reviewed videotapes (such as the PREA video) and electronic data such as the watch tour records.

115.401 (m) The auditor conducted private interviews with inmates, residents, and detainees.

115.401 (n) Notice of the audit was posted at the facility six weeks prior to the onsite and detainees were permitted to send confidential information or correspondence to the auditor.

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

**Conclusion:**

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

**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.*

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

- CoreCivic Website

#### Interviews:

#### Standard Analysis:

115.403 (a) The auditor will include a certification of no conflict of interest.

115.403 (b) The audit report states whether CoreCivic agency-wide policies and procedures comply with the relevance PREA standards.

115.403 (c) The auditor describes the finding in each standard.

115.403 (d) The audit report describes its methodology, sampling size, and basis for the auditor's conclusions for each standard.

115.403 (e) The auditor did not include any personally identifiable information for detainees or staff.

115.403 (f) The auditor will request CoreCivic post the report on its website.

#### Conclusion:

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



## 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 inmate 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.

Ericka Sage

July 16, 2021

**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.