

PREA Facility Audit Report: Final

Name of Facility: South Raleigh Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/04/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐

Auditor Full Name as Signed: Barbara Jo Denison

Date of Signature: 03/04/2025

AUDITOR INFORMATION

Auditor name:	Denison, Barb
Email:	denisobj@sbcglobal.net
Start Date of On-Site Audit:	02/17/2025
End Date of On-Site Audit:	02/18/2025

FACILITY INFORMATION

Facility name:	South Raleigh Residential Reentry Center
Facility physical address:	312 Tryon Road, Raleigh, North Carolina - 27603
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Facility Director	
Name:	
Email Address:	
Telephone Number:	

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	52
Current population of facility:	30
Average daily population for the past 12 months:	38
Has the facility been over capacity at any	No

point in the past 12 months?	
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	59-20
Facility security levels/resident custody levels:	low/community
Number of staff currently employed at the facility who may have contact with residents:	13
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

Name:	██████ Baltz	Email Address:	████████████████████
--------------	--------------	-----------------------	----------------------

Facility AUDIT FINDINGS**Summary of Audit Findings**

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

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

Number of standards exceeded:

4	• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.231 - Employee training • 115.233 - Resident education • 115.288 - Data review for corrective action
---	---

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:

2025-02-17

2. End date of the onsite portion of the audit:

2025-02-18

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?

☒ Yes

☐ No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

Prior to the onsite audit visit, the agency/ facility was in the process of securing a Memorandum of Understanding (MOU) with InterAct to provide emotional support services to residents of the South Raleigh Residential Reentry Center. During the Pre-Onsite Audit Phase, a new MOU was signed and executed.

The Director of Sexual Assault Services of InterAct was contacted on 1/30/25 to confirm and review the terms of the MOU. InterAct provides residents of the South Raleigh Residential Reentry Center with a 24-hour crisis hotline answered by volunteer and paid advocates during business hours and by a confidential answering service after hours and weekends. Calls to the hotline number are not monitored or recorded and the caller may remain anonymous upon request. Information obtained from the caller by an advocate or counselor is confidential, with the exception of mandatory reporting laws involving a child or elderly person.

The MOU with InterAct provides for forensic exams performed at InterAct's Solace Center.

Upon information of a sexual assault, InterAct schedules a medico-forensic exam by activating the Sexual Assault Nurse Examiner and the Sexual Assault Response Advocate on call. A medical-forensic exam includes a nurse assessment, injury assessment, photography and a sexual assault evidence collection kit. The victim is discharged with STI and pregnancy prevention prophylaxis treatment (if consenting) and after a safety assessment providing them with detailed discharge instructions and community resources. Following the forensic exam, the victim would receive a follow-up call after three days from one of InterAct's Sexual Assault Case Managers. InterAct advocates can provide accompaniment during law enforcement interviews, but they do not provide legal counseling. All services provided are at no cost to the victim.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	55
15. Average daily population for the past 12 months:	38
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	24
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	According to the PREA Alert Roster provided by the Facility Director, on the first day of the audit there were there were two residents who scored from risk screening to be Victims, one who scored to be a Potential Victim and two who scored to be Potential Victims.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	13
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7

35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random residents were selected from each of the four housing units.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	According to the Facility Director, there were no residents assigned to the facility who were limited English proficient during the onsite audit visit.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	According to the Facility Director, there were no residents assigned to the facility who were deaf or hard of hearing.
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1

46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	According to the Facility Director, there were no residents assigned to the facility who self-disclosed being transgender or intersex.
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	According to the information provided on the Pre-Audit Questionnaire and in review of investigations reported in the past 12 months, there were no allegations of sexual abuse reported.

48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The South Raleigh Residential Reentry Center is a community confinement facility and does not have a segregated housing unit.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Due to the population characteristics of the facility during the onsite audit visit, I was not able to interview a minimum number of targeted residents.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	4

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All random staff scheduled to work during the onsite audit visit were interviewed. Due to staff vacancies, random staff are currently working 12 hour shifts to ensure coverage.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
56. Were you able to interview the Agency Head?	☒ Yes ☐ No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

58. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
59. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	☐ Yes ☒ No
62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	☐ Yes ☒ No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	The Agency Head Designee and the PREA Coordinator were interviewed on an earlier date in this reaccreditation period. The facility does not have volunteers or contractors.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?	☒ Yes ☐ No
--	--

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
---	--

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
68. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

All areas of the facility were observed during the site review. The locations of cameras, room layout, restroom and placement of PREA posters and information was observed. Upon entering the facility there is a Monitor's Station where residents, staff and visitors check in and out of the facility. Residents are pat searched in view of a camera; property is searched, and residents are breathalyzed upon entering. Random urinalyses are conducted in a UA restroom next to the Monitor's Station. All exterior doors are alarmed. A Monitor staff is posted in the Monitor Station at all times and review cameras and control alarmed doors. The Facility Director and the Assistant Facility Director/PREA Compliance Manager have the ability to view cameras on their desktops. There is a recreation area in the back of the building with a basketball hoop, a weight bench and tables. Parking spaces are available on both sides of the building. The facility has a toll-free phone designated for residents' use in the hallway adjacent to the Monitor's Station. The numbers to the BOP and to InterAct were called on this phone and were found to be accessible. There were no limited English proficient residents assigned to the facility during the onsite audit visit, but the designated Voyce telephone was dialed and found to be accessible for staff use.

Facility Notices provided to the facility during the Pre-Onsite Audit Phase were found posted in various locations showing the date posted as 12/30/24. Other posted information included resident reporting options was posted in all dorms and in common areas. All posted information was in English and Spanish. Third Party reporting posters were also found posted in various locations. During the site review seven residents were informally interviewed and asked about their knowledge of the zero-tolerance policy and methods of reporting available to them. The facility has a female open bay dorm with the capacity to house 10 females. The

females share a common restroom that has three sinks, two toilet stalls and two showers with shower curtains for privacy. The male housing unit has three open bay dorms with the capacity to house a total of 42 male residents. Males share a common restroom with six sinks, four toilet stalls and six showers. Signs on the doors to the female and male dorms remind staff to make opposite gender announcements. Opposite gender announcements were observed being made during the site review.

On the second day of the audit, camera monitors were viewed with the Facility Director. The facility has 18 cameras which includes 13 interior and 8 exterior cameras.

The server is in the Assistant Facility Director/ PREA Compliance Manager's office with the capability to retain video footage for up to 90 days.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes

☐ No

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

I selected nine employee human resource files to review for compliance to criminal background checks. I selected the same files to review compliance with PREA training requirements for employee.

Fifteen resident records were selected and reviewed for compliance with screening for victimization and abusiveness and the requirements or PREA education for residents.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

2

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There was a total of four allegations reported and administratively investigated in this reaccreditation period. One allegation of employee-on-inmate sexual harassment was reported in the past 12 months and the other three allegations were reported in 2023. They included one allegation of employee-on-inmate sexual harassment that was determined to be unsubstantiated and two allegations of employee-on-inmate sexual abuse that were both determined to be substantiated.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.211 (a) CoreCivic's policy 14-2 CC, <i>Sexual Abuse Prevention and Response</i>, is the agency's written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. Page 3 of the policy includes definitions of prohibited behaviors. Sexual activity between residents or employees, contractors and volunteers are strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic's policy 14-2 CC is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of residents. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards. Information about the zero-tolerance policy can be found on page 4, section A of policy 14-2 CC. All employees and contractors sign a <i>PREA Zero Tolerance Policy Acknowledgment</i> form (14-2J-CC) acknowledging the CoreCivic Zero Tolerance policy. 115.211 (b): The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the PREA

	Coordinator's position within the agency. The PREA Coordinator answers to the Vice President, Core Services. The PREA Coordinator, was interviewed on 8/13/24, reported that she has sufficient time and authority to develop, implement and oversee CoreCivic's efforts to comply with the PREA standards. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all CoreCivic's facilities. Page 4, section A-2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator. When interviewed, the PREA Coordinator stated she has sufficient time and authority to oversee the agency's PREA program and stated, "I coordinate efforts for all CoreCivic facilities to be compliant with the PREA standards by scheduling audits, developing training, conducting mock audits of facilities, answering questions from the field about PREA compliance, providing guidance on sexual abuse and harassment investigations, compiling macro and micro statistics and metrics related to the PREA program, brief executive leadership about the efforts and challenges of the PREA program, and by coordinating with all of our partner agencies about PREA specific information when appropriate." When the PREA Coordinator was asked, if she identifies an issue with complying with a PREA standard, what actions or processes do you undertake to work toward compliance with the standard, she responded, "I communicate PREA requirements to all stakeholders, including facility leaders, investigators and upper management. I ensure that we are following all PREA standards and PRC guidance. Depending on the problem, I will also respond to facilities in person to provide training or technical assistance to remedy the problem." The responsibilities of the PREA Compliance Managers are found on Page 2 of policy 14-2 CC. The PREA Coordinator stated, "At any given time, there are approximately 57 PREA Compliance Manager, including those from Community Corrections. The PREA office consists of two individuals. I am the Senior Director and handle audits and compliance issues including policy. Jillian Shane is a director and coordinates PREA investigation and training efforts. We have Quarterly Training sessions with PREA Compliance Managers via Skype and travel to the facilities for audits and training sessions. We are in contact with them daily on investigation and audit issues. If we are not at the facility in person, we generally communicate via Teams for meetings and training or e-mail and telephone for normal business correspondence." The Assistant Facility Director is designated as the facility's PREA Compliance Manager. The agency's 14-2 CC policy was found to be very comprehensive and both the PREA Coordinator and the PREA Compliance Manager were very knowledgeable when interviewed; therefore, the facility was found to exceed in the requirements of this standard.
--	--

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	115.212: CoreCivic is a private provider and does not contract with other agencies for the confinement of its residents; therefore, this standard is not applicable to this facility.
--	---

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.213 (a) Based on policy 14-2 CC, pages 7 & 8, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any findings of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors. In interview with the Facility Director, she confirmed what is considered when assessing staffing levels. When interviewed the PREA Coordinator stated, "Each facility uses a standardized 14-2I form with these specific questions included and an answer space to provide an answer. 1. Each time there is an incident review conducted; facility plant features are considered as to whether they contributed to the incident. 2. If an audit indicates the need to add camera coverage, the request is included in the budget proposal so that upgrades or additions can be made. 3. Annual report metrics and ongoing analysis throughout the year is designed to identify patterns and causes of all reported incidents, but especially substantiated incidents (including staff)." 115.213 (b): The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. The current staffing plan was predicted on a population of 55 residents. The average daily population since the last PREA audit was 88 residents. The current PREA Staffing Plan allocates two security Monitor I's on each of the three security shifts. If there is deviation to the staffing plan, the PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, Notice to Administration in IRD. In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviations to the staffing plan. The Facility Director when interviewed stated she develops the Monitors' schedules and for call-ins she approves mandatory overtime

	to ensure there are no deviations to the staffing plan. Currently, Monitor staff are scheduled to work 12-hour shifts (7 am-7pm and 7 pm-7am) due to Monitor position vacancies. In interview with the FSC Human Resource Assistant, on the first day of the audit visit, there were a total of 13 staff assigned to the facility with vacancies for four Monitor I positions. The staffing plan allows for a total of four male and three female Monitors. 115.213 (c): The staffing plan is reviewed annually by the PREA Compliance Manager who completes an <i>Annual PREA Staffing Plan Assessment</i> (14-2I-CC) and forwards it to the Facility Director for review, who forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I-CC to the Vice President, Core Services for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. The <i>Annual PREA Staffing Plan Assessments</i> completed annually since the last PREA audit (2023 and 2024) were provided for review. There were no recommendations for changes to the established staffing plan. When interviewed the PREA Coordinator stated, "I am required to review the plan and assessment, sign it when approved and send the signed copy back to the facility to keep on file."
--	--

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.215 (a): Based on review of policy 14-2 CC, pages 12 & 13, section J, cross-gender strip or cross-gender visual body cavity searches of residents shall not be conducted except in exigent circumstances. For purposes of pat searching and visual searches, residents will be searched in accordance with the gender of the institution or housing assignment in which they are assigned, with the exception of transgender resident who may request an exemption. On information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of residents. 115.215 (b): The facility does not permit cross-gender pat-down searches of female residents except in exigent circumstances. The facility does not restrict female resident access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. In interview of two female residents, they reported there is always a female on duty to pat search them. 115.215 (c): If cross-gender strip searches are performed, the searches will be documented in a log maintained by the facility in accordance with policy, 5-1 <i>Incident Report</i>. All searches are logged in individual resident profiles in COATS. 115.215 (d): The facility has policies and procedures in place that enable residents

to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Staff of the opposite gender are required to announce their presence when entering a resident housing unit. Residents are informed they are to dress and change in the shower area only. Signs were found posted in restroom areas stating "Per Resident Handbook, you may not be undressed in sleeping area. You must use the restroom to change clothing." Signs above entry to the female dorm and the male dorm reminds staff to make opposite gender announcements before entering ("Opposite Gender Must Announce Upon Entry"). The practice of opposite gender staff announcing their presence when they entered the housing units was observed during the site review of the facility. Residents interviewed confirmed announcements are made and shared they feel they have privacy when they shower, toilet and change clothing when opposite gender staff are in their housing area. Random staff interviewed stated that male staff do not enter the female dorm, except in exigent circumstances.

115.215 (e): According to policy 14-2 CC, pages 15 & 16, section J-10, searches or physical examinations of transgender and intersex residents for the sole purpose of determining the resident's genital status is prohibited. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. In interview of random staff, they knew that this was prohibited by policy. At the time of the onsite audit visit, there were no residents who self-disclosed being transgender or intersex assigned to the South Raleigh Residential Reentry Center

115.215 (f): All searches of transgender and intersex residents shall be conducted in a professional and respectful manner and in the least restrictive manner possible consistent with security needs. According to page 14, section J-10-b, the gender of staff member searching a transgender or intersex resident will depend on the specific needs of the individual resident or on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination, which may change over the course of incarceration and should take into consideration the gender expression of the resident. Transgender and intersex residents may request an exception. The exception must be pre-authorized by the Facility Director and clearly communicated to relevant staff through a memorandum. Residents with an exemption should have a personal identifier to be carried with them at all times and presented to staff prior to pat searches.

Staff are trained on how to conduct pat searches, including searches of transgender and intersex residents, in a professional and respectful manner. The curriculum was provided for review. In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. Receipt of this training was verified through review of random staff training records and confirmed in interviews with staff who reported they complete training on search procedures annually. The facility provided a *2024 South Raleigh Resident, Vehicle, Locker and Facility Search Training Report* showing all staff completed this training. Random staff interviewed reported

	cross gender pat searches are not allowed and they knew a transgender or intersex resident is given a choice of which gender staff they would prefer to pat search them.
--	--

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.216 (a): Based on review of policy 14-2 CC, pages 11 & 12 section H-6-8, residents are provided PREA education in formats accessible to all residents, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. The facility will ensure information is effectively communicated orally if necessary. In interview with the Vice President, Core Services (agency head designee), he stated, "CoreCivic has recently (2024) entered into a new contract with the vendor Voyce for all interpretation and translation services. Voyce allows every person at every facility to have immediate access to an interpreter multiple ways: website, video chat, phone call, etc. We have also used them to translate resident handbooks into Spanish before. If a resident has other disabilities, staff is trained to convey all information to them however appropriate (reading a document or helping someone find information, etc.) There are also multiple reporting options at each facility to ensure that all residents have a means of making a report either to CoreCivic or to an outside agency if they need help." The facility has a TTY for the hearing impaired that is stored in the Facility Director's office. At the time of the onsite audit visit, there were no residents identified of being deaf, hard of hearing, blind, with low vision, cognitive deficits or with limited reading skills. 115.216 (b): The agency takes steps to ensure residents who are limited English proficient have access to all PREA information in a format they can understand. Residents receive a <i>Resident Handbook</i> and a <i>CoreCivic PREA Prevent, Detect, Respond</i> brochure, both available in English and Spanish. A contract with Voyce is used for the translation of any language and sign language interpretation. At the time of the onsite audit visit, there were no residents identified as being limited English proficient. The contract with Voyce provides two designated phones to access Voyce services. On the second day of the audit, a phone was used to connect to Voyce and found it to be accessible for staff use. 115.216 (c): The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. Staff translators or Voyce services are utilized to convey information to limited English proficient residents. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no instances where residents were used for this purpose. Random and specialized staff interviewed knew the agency prohibits using residents for this purpose.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.217 (a): Per policy 14-2 CC, pages 4 & 5, section B, the agency prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to have engaged in these activities. 115.217 (b): CoreCivic considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The agency requires that all applicants and employees who may have contact with residents have a criminal background check. Criminal background checks are conducted by the BOP on all applicants. Once an applicant has been selected to be hired, a contract with First Advantage provides for a check on education, driving record, previous employment and drug screening. In the past 12 months, the facility has not utilized the services of contractors. 115.217 (c): The agency requires that before hiring new employees a criminal background check be conducted. According to information provided on the Pre-Audit Questionnaire, 19 criminal background checks were conducted on new hires. An effort is made to contact all prior institutional employers by telephone for information on substantiated allegations of sexual abuse or sexual harassments or any resignations during a pending investigation of an allegation of sexual abuse or sexual harassment. The agency makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegation of sexual abuse. In interview with the FSC Human Resource Assistant, she stated the request is documented on the <i>Verification of Employment</i> form (3-20-2A). 115.217 (d): Agency policy requires that criminal background checks be completed on any contractor who may have contact with residents. The South Raliegh Residential Reentry Center does not utilize the services of contractors. 115.217 (e): CoreCivic requires that criminal background checks be conducted every five years on current employees and contractors who have contact with residents. In interview with the FSC Human Resource Assistant, she stated that five-year background checks and fingerprints are performed every five years by the BOP. 115.217 (f): All applicants, employees, contractors and volunteers are asked about previous misconduct as stated in section 115.217 (a). Agency policy requires that the 14-2 CC-H, <i>Self-Declaration of Sexual Abuse/Sexual Harassment</i> form be

	completed as part of the hiring process, when a person becomes an employee, as part of the promotional process and annually. In interview of the FSC Human Resource Assistant, she reported all staff assigned to the facility in October completed their annual 14-2H forms. 115.217 (g): CoreCivic policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct. 115.217 (h): 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 the employee has applied to work. In review of the human resource files of nine employees, criminal background checks are being completed per agency policy and standard requirements.
--	--

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.218 (a): Based on policy 14-2 CC, page 8, section E, 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 of existing facilities on the ability to protect residents from sexual abuse. In interview with the Vice President, Core Services (agency head designee) he stated, "The CoreCivic Real Estate Department is responsible for all new projects related to physical plant upgrades and modifications. The one exception to that is technology managing efforts to increase or ameliorate camera systems in facilities. Part of this process is the completion of a 7-20-2A form, which documents PREA specific considerations of any project of this sort. This requires the consideration of documentation will be submitted as evidence of compliance for audit purposes." According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit there were no expansions or modifications of the existing facility, and the facility has not acquired any new facilities. 115.218 (b): When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. In interview the Vice President, Core Services stated, "Well functioning camera systems with adequate coverage in all inmate areas are a pivotal asset when investigating and preventing cases of sexual abuse and harassment. We have seen that monitoring these camera systems regularly has prevented and detected PREA

	incidents and the footage has been used as definitive proof of an incident taking place or not. If the need for a new, additional or rearranged camera placement is discovered, the technology and maintenance departments will work together to address the need. If it appears to be a need greater than current budget can accommodate, the facility can include the need in their budget the following year for approval. In interview with the Facility Director, she stated in January 2024, five new cameras were installed.
--	--

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.221 (a): Based on policy 14-2 CC, page 25, section O-4, CoreCivic and the South Raleigh Residential Reentry Center are responsible for conducting administrative sexual abuse investigations on both resident-on-resident and staff sexual misconduct. The Facility Director and the Assistant Facility Director/PREA Compliance Manager are trained facility investigators responsible for conducting administrative investigations of sexual abuse and sexual harassment. All reports of sexual abuse that appear to be criminal are referred to the Raleigh Police Department who follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. The facility's attempts to secure an MOU with the Raleigh Police Department has been unsuccessful. Absent of an MOU, the Raleigh Police Department is responsible for criminal investigations of sexual abuse at the South Raleigh Residential Reentry Center. On 2/4/25 the Sergeant of the Special Victims Unit of the Raleigh Police Department was contacted to discuss the process for investigations of allegations of sexual abuse at the South Raleigh Residential Reentry Center. In the event of sexual abuse, a Patrol Officer would be dispatched to the facility to obtain a victim statement and write an initial report. If the abuse occurred within a time frame that evidence could be collected, a detective and a forensics team would be dispatched to the facility to collect any evidence. The victim would be referred to InterAct for a forensic exam at the Solace Center. If the investigation by the Raleigh Police Department proves to be criminal in nature, the evidence would be referred to the Wake County District Attorney's office for possible prosecution. 115.221 (b): The protocol is developmentally appropriate for youth where applicable and as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication. "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 115.221 (c): Victims of sexual abuse have access to forensic medical examinations.

Residents in need of forensic exams are transferred to the Solace Center where SANE exams are performed by SANE nurses at no cost to the resident. On information provided on the Pre-Audit Questionnaire, In the past 12 months, there were no referrals of residents for SANE exams.

115.221 (d): In interview with the PREA Coordinator she stated, "Each facility has an MOU that spells out responsibilities of the facility and the agency which provides advocates available. Advocates are always offered whenever an interview is conducted of a victim or if a resident is transported to the hospital for a SAFE/SANE exam. The contact information for emotional support services is provided to residents via the resident handbook and is posted on the walls of the facility near any resident phone bank or on bulletin boards in common areas." When asked how she ensures that the MOU meets the qualifications described in Standard 115.221 (d), she responded, "We include these stipulations in the MOU that we sign with the agency providing the services. Both CoreCivic and the agency retain copies of the final and signed MOU."

Prior to the onsite audit visit, the agency/facility was in the process of securing a Memorandum of Understanding (MOU) with InterAct to provide emotional support services to residents of the South Raleigh Residential Reentry Center. During the Pre-Onsite Audit Phase, a new MOU was signed and executed. The Director of Sexual Assault Services of InterAct was contacted on 1/30/25 to confirm and review the terms of the MOU. InterAct provides residents of the South Raleigh Residential Reentry Center with a 24-hour crisis hotline answered by volunteer and paid advocates during business hours and by a confidential answering service after hours and weekends. Calls to the hotline number are not monitored or recorded and the caller may remain anonymous upon request. Information obtained from the caller by an advocate or counselor is confidential, with the exception of mandatory reporting laws involving a child or elderly person.

The MOU with InterAct provides for forensic exams performed at InterAct's Solace Center. Upon information of a sexual assault, InterAct schedules a medico-forensic exam by activating the Sexual Assault Nurse Examiner and the Sexual Assault Response Advocate on call. A medical-forensic exam includes a nurse assessment, injury assessment, photography and a sexual assault evidence collection kit. The victim is discharged with STI and pregnancy prevention prophylaxis treatment (if consenting) and after a safety assessment providing them with detailed discharge instructions and community resources. Following the forensic exam, the victim would receive a follow-up call after three days from one of InterAct's Sexual Assault Case Managers. InterAct advocates can provide accompaniment during law enforcement interviews, but they do not provide legal counseling. All services provided are at no cost to the victim.

115.221 (e): As requested by the victim, an advocate from InterAct will be called upon to accompany the victim through the forensic exam process. In interview with the PREA Coordinator she stated, "CoreCivic has established MOU's with rape crisis centers, hospital and police departments in various jurisdictions which spell out the role of victim advocates. Investigators are trained to offer victim advocates

	during interview and the SAFE/SANE process. If a partnership with rape crisis center is unattainable, CoreCivic trains their staff to act as victim advocates using the PREA Resource Center/Just Detention International curriculum." In interview of InterAct's Director of Sexual Assault Services, she confirmed a Sexual Assault Response Advocate would be provided to accompany the victim through the forensic exam process. 115.221 (f): The facility has four trained facility investigators who are responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. The facility provided copies of certificates of completion of specialized investigative training for the facility investigators. Criminal investigations are conducted by the Raleigh Police Department.
--	--

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.222 (a): According to CoreCivic Policy 14-2 CC, page 24, section N-1 and page 25, O-1-3, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The Facility Director is responsible for ensuring an administrative and/or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of all allegations of sexual abuse and sexual harassment. The Raleigh Police Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. According to information reported on the Pre-Audit Questionnaire, in the past 12 months there was one allegation of employee-on-inmate sexual harassment reported and administratively investigated. The allegation was referred for criminal investigation. In interview with the Vice President, Core Services (agency head designee), he stated, "There is never a circumstance where an administrative investigation is not conducted on a sexual abuse or harassment allegation. CoreCivic does not conduct criminal investigations, but we cooperate with the law enforcement partner to ensure prioritization of the criminal case over the administrative one." He further stated, "Administrative investigations are conducted by staff who have completed specialized investigative training for investigating sexual abuse. Administrative investigations are done with care not to disrupt or have negative impact on the criminal investigation. All investigations shall be done in a prompt, thorough and objective manner, using preponderance of the evidence as the threshold of proof for substantiation. All investigative efforts must be documented on forms identified in policy." 115.222 (b): According to CoreCivic policy 14-2 CC, page 25, section O-1, CoreCivic facilities do not conduct criminal investigations of allegation of sexual abuse. If an allegation of sexual abuse or sexual harassment appears to be criminal, the

	allegation will immediately be reported to the Raleigh Police Department. All referrals are documented. In interview of facility investigators, they knew it was their responsibility to refer any allegations that appear to be criminal to the Raleigh Police Department. The facility's attempts to secure an MOU with the Raleigh Police Department has been unsuccessful. Absent of an MOU, the Raleigh Police Department is responsible for criminal investigations of sexual abuse at the South Raleigh Residential Reentry Center. On 2/4/25 the Sergeant of the Special Victims Unit of the Raleigh Police Department was contacted to discuss the process for investigations of allegations of sexual abuse at the South Raleigh Residential Reentry Center. In the event of sexual abuse, a Patrol Officer would be dispatched to the facility to obtain a victim statement and write an initial report. If the abuse occurred within a time frame that evidence could be collected, a detective and a forensics team would be dispatched to the facility to collect any evidence. The victim would be referred to InterAct for a forensic exam at the Solace Center. If the investigation by the Raleigh Police Department proves to be criminal in nature, the evidence would be referred to the Wake County District Attorney's office for possible prosecution. 115.222 (c): The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations is published on the CoreCivic website (http://corecivic.com/security-operations/prea).
--	--

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard Auditor Discussion 115.231 (a): Policy 14-2 CC, pages 5 & 6, section C-1-3, addresses the agency's requirements of employee PREA training. All CoreCivic employees receive training on the agency's zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually at in-service. The <i>PREA Overview</i> curriculum was provided for review. The training, completed by employees during pre-service and annually in in-service training, was found to include information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the residents' right to be free from sexual abuse and sexual harassment, the rights of residents and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTI residents and how to comply with relevant mandatory reporting laws. Random interviews with staff confirmed what information was covered in the training. 115.231 (b): The training is tailored to meet the needs of male and female

	residents. Employees who are reassigned from facilities housing only one gender of residents are given additional training to meet the needs of the opposite gender population. Between trainings, employees are provided with quarterly PREA Refresher training and PREA information is often shared during staff meetings. 115.231 (c): In information provided on the Pre-Audit Questionnaire, in the past 12 months, all assigned employees of the South Raleigh Residential Reentry Center completed PREA training. 115.231 (d): The Facility Director provided a PREA training completion report showing all assigned staff have completed PREA training for the current year. Review of the report confirmed training is completed annually. Employees employed since the last PREA audit or hired any year in this reaccreditation period had documentation of annual PREA training. Due to the knowledge of all staff interviewed and in review of PREA training records, the facility was found to exceed in the requirements of this standard.
--	---

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.232 (a): CoreCivic policy 14-2, page 7, section C-8, outlines the training requirements for contractors and volunteers. The objectives of the trainings ensure volunteers and contractors are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. 115.232 (b): The level and type of training provided to contractors and volunteers is based on the services they provide. Per policy and standard requirements, all contractors and volunteers who have contact with residents are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents. Volunteers complete the <i>PREA Overview: Training for Contractors and Volunteers</i> (14-2K-CC). The curriculum for the training was provided for review. Volunteers are informed of the zero-tolerance policy and sign a <i>PREA Zero Tolerance Policy Acknowledgement</i> form (14-2J-CC). Volunteers sign the third page of the training curriculum upon completion of the training acknowledging they read the information and understood its content. 115.232 (c): The South Raleigh Residential Reentry Center has not utilized the services of contractors or volunteers in the past 12 months.

115.233	Resident education
---------	--------------------

	Auditor Overall Determination: Exceeds Standard Auditor Discussion 115.233 (a): Based on CoreCivic’s policy 14-2 CC, pages 11 & 12, section H-1-5, all residents receive information upon arrival to the facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information provided on the Pre-Audit Questionnaire, in the past 12 months 435 residents assigned to the South Raleigh Residential Reentry Center received PREA information at intake. Residents receive a <i>Residential Reentry Center (RRC) Resident Handbook</i> and a CoreCivic <i>PREA Prevent, Detect, Respond</i> brochure (14-2AA) from Case Managers on day of arrival to the facility. Interview of Case Managers and residents interviewed confirmed they that residents receive written PREA information and verbal information upon arrival to the facility. 115.233 (b): Residents who transfer from another community confinement facility receive the same PREA education as all residents assigned to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no residents who transferred from a different community confinement center. 115.233 (c): Residents are provided PREA information in formats accessible to all residents. The <i>Residential Reentry Center (RRC) Resident Handbook</i> and the Core Civic <i>PREA Prevent, Detect, Respond</i> brochure and all posted PREA information is provided in both English and Spanish. The facility has a contract with the Voyce to provide translation of PREA information in any language. A TTY located in the Facility Director's office is available for residents who are deaf or hard of hearing and the contract with the Voyce provides sign language interpretation. 115.233 (d): Fifteen resident records were reviewed to determine compliance to the requirements of PREA education for residents. On day of arrival to the facility residents sign an <i>Orientation Checklist</i> acknowledging receipt of the Resident Handbook and understanding of the written PREA information they received. They also sign an <i>Acknowledgement of Facility Rules/Disciplinary Procedures Handbook</i> and a <i>PREA Acknowledgement Zero Tolerance for Offenders (115.233)</i> form. 115.233 (e): Ongoing information is provided continuously on posters, both in English and Spanish, prominently displayed in various locations throughout the facility. All residents interviewed were aware of the zero-tolerance policy and methods of reporting sexual abuse and sexual harassment available to them. Residents interviewed shared they received written and verbal PREA information when they first came to the facility. In review of 15 resident records and in interview of eleven residents, the facility was found to exceed in the requirements of this standard.
--	--

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.234 (a): Based on CoreCivic's policy 14-2 CC, page 6, section C-5, in addition to general training provided to all employees, CoreCivic ensures facility Investigators receive training on conducting sexual abuse investigations in confinement settings. The Facility Director, Assistant Facility Director/PREA Compliance Manager, Case Manager Supervisor and a Monitor I are the facility's trained facility investigators. When interviewed, the investigators confirmed completing specialized investigative training. 115.234 (b): The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution as verified in review of the <i>Investigating Sexual Abuse in Confinement Settings</i> curriculum, a web based NIC training course, provided for review. When interviewed, the investigators confirmed the topics addressed in the training. 115.234 (c): The facility provided copies of certificates of completion of specialized training of facility investigators. The facility also maintains documentation of the general PREA training provided to all employees completed by the facility investigator. When interviewed, the investigators knew their responsibilities in conducting administrative investigations and referral of any allegations that appear to be criminal to the Raleigh Police Department.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.235 (a): According to CoreCivic policy 14-2 CC, pages 6 & 7, section C-6-7, in addition to the general training provided to all employees all full and part-time Qualified Health Care Professionals and Qualified Mental Health professionals, working at CoreCivic facilities receive specialized medical/mental health training. The training includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment. The South Raleigh Residential Reentry Center does not employ medical or mental health staff. Medical and mental health services are provided by referral to outside community providers.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.241 (a): Residents are screened for their risk of being sexually abused or sexually abusive towards others according to policy 14-2 CC, pages 9 & 10, section G. Upon admission to the South Raliegh Residential Reentry Center, all residents are screened for their risk of being sexually abused or sexually abusive towards others by Case Managers. When interviewed, Case Managers explained the intake screening process. During the onsite audit visit, there were no intakes of new residents. The Case Manager Supervisor and three Case Managers were interviewed, and each explained the screening process to me. 115.241 (b): At the South Raleigh Residential Reentry Center intake screening is completed within 24 hours of arrival to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 435 residents assigned to the facility were screened upon arrival for their risk of sexual victimization and sexual abusiveness. In review of 15 resident records and in interview of 11 residents confirmed residents are being screened within 24 hours of their arrival to the facility. 115.241 (c): Residents are screened, using CoreCivic's <i>Sexual Abuse Screening Tool</i> (14-2B-CC), an objective screening tool. The 14-2B-CC is completed electronically in COATS, an electronic assessment tracking program, or the paper 14-2B-CC is used with information entered into COATS. 115.241 (d): In review of the screening tool, it was found to consider all of the criteria required in this provision of this standard. The Case Managers interviewed confirmed the information the <i>Sexual Abuse Screening Tool</i> (14-2B-CC) screening tool contains. 115.241 (e): The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive, as confirmed by interview of Case Managers. 115.241 (f): According to policy 14-2 CC, page 11, section G-11, between 20-30 days after arrival to the facility, residents are rescreened by Case Managers using the <i>Sexual Abuse Screening Tool</i> (14-2B-CC) to reassess the resident's risk of victimization or abusiveness. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 435 residents assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness. In review of 15 resident records to determine compliance with screening procedures, all screenings were conducted within the 30-day required date. Initial and 30-day screenings dates are tracked on a <i>PREA Completion Report</i> generated in COATS. 115.241 (g): In interview of the Case Managers, a resident's risk level shall also be

	reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. In records reviewed and in interview of Case Managers, in the past 12 months there were no residents who required rescreening after their 30-day reassessment screening. 115.241 (h): Residents are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form. 115.241 (i): The 14-2B-CC forms are stored electronically in COATS. To maintain confidentiality of screening information, access to this information is allowed to employees who have certain access to COATS. In interview of the PREA Coordinator he stated, "It is in policy that access to the 14-2B and/or partner agency risk assessments are secured in the inmates file in record offices where access is controlled to only those who need access such as Case Managers and treatment personnel. Those assessments on computers are protected by passwords and are not accessible to all staff." Case Managers maintain paper copies of the 14-2B-CC forms in locked filing cabinets located in their offices. Access to paper screening forms is allowed to the Facility Director, Assistant Facility Director/PREA Compliance Manager and Case Managers.
--	---

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.242 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. Policy 14-2 CC, page 12, section I-1, addresses the use of the information obtained during the screening process. In interview with the PREA Coordinator she stated, "Risk assessment information is used to assign housing, jobs and programs. CoreCivic does not house victims with predators, and we try to house especially vulnerable populations in safer areas: ones where there is better camera coverage or that are closer to monitor stations, etc. If there is a safety concern raised in the risk assignment process, it is addressed and considered when assigning housing jobs and programs." 115.242 (b): Pages 12 & 13, section I of policy 14-2 CC, addresses how individualized determinations on a case-by-case basis are made about how to ensure the safety of each resident. In interview with the Assistant Facility Director/ PREA Compliance Manager and Case Managers they explained how the facility utilizes information from the screening to keep residents safe from sexual abuse.

Residents who score at risk for victimization or abusiveness are not housed together. Those who score as victims are housed in the front of the dorm in camera view away from potential predators. Victims and predators are tracked on a *PREA Alert Roster*. In review of 15 resident records there was one resident who scored to be a Potential Victim who was not being tracked on the *PREA Alert Roster*. The Facility Director looked into this and discovered a new Case Manager, who conducted the screening, did not enter all responses from the paper screening form into COATS causing an incorrect scoring of screening information. The screening form was reentered into COATS and a new *PREA Alert Roster* showed the resident tracked as a Potential Victim. Other residents scored to be at risk of victimization or abusiveness were found being tracked on the *PREA Alert Roster*.

115.242 (c): Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in policy 14-2 CC, page 13, section I-7. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, CoreCivic considers on a case-by-case basis whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems. In interview with the PREA Coordinator she stated, "In addition to initial and follow-up risk assessments, CoreCivic has a 14-9 policy that includes a Transgender and Intersex Assessment form (14-9A form). This form is used to document preferences regarding pronouns, searches, showering separately, medical needs, and other issues inherent to those who identify as transgender or intersex. All transgender residents are reassessed for their risk and needs twice a year. These assessments and conversations are used to inform housing, job, and program placements to protect residents from victimization. All placements are made with consideration to resident, staff and facility security and safety."

115.242 (d): Transgender and intersex residents' own view of his or her safety is given serious consideration. Upon arrival to the facility, a transgender or intersex resident would be interviewed, and a *Transgender/Intersex Assessment and Treatment Plan* (14-9A CC) form would be completed. Transgender and intersex residents are reassessed at least twice a year to review placement and programming assignments and any threats to safety experienced by the resident. Case Managers interviewed were knowledgeable of this requirement. In interview with the PREA Coordinator she stated, "A conversation is had with any resident who identifies as transgender or intersex upon intake (or soon thereafter) where they are asked who they want to search them, whether they feel safe housed at the facility, and an assessment about their individual needs and wants are considered."

115.242 (e): According to agency policy, page 1, section J-10-h, transgender and intersex residents are given the opportunity to shower separately from other residents. Transgender and intersex residents are asked if they want accommodations for showering. If so, residents are offered specific times for showering and staff to stand watch outside of the shower area. In interview of the PREA Coordinator she confirmed transgender and intersex residents are offered the opportunity to shower separately. In interview with the Assistant Facility Director/ PREA Compliance Manager, transgender and intersex residents would be offered the

	opportunity to shower alone in their dorm at a scheduled time and a Monitor would remain outside of the shower area to ensure the resident has privacy. 115.242 (f): The facility shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units, wings or dormitories solely on the basis of gender identification or status. In interview with the PREA Coordinator she stated, "The agency and facility are not subject to a consent decree, legal settlement or legal judgement. It is against CoreCivic policy and practice to place all LGBTQ residents in a designated housing unit based on gender identity, sex or sexual orientation. When we conduct training, staff is instructed that this is an unacceptable approach to making housing and placement decisions." In interview with the Facility Director/PREA Compliance Manager, the agency/facility is not under a consent decree, legal settlement or legal judgement requiring that it establish a dedicated facility, unit or wing for lesbian, gay, bisexual, transgender or intersex residents.
--	---

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.251 (a): Policy 14-2 CC, pages 15 & 16, section K-1, outlines the procedures for resident reporting of allegations of sexual abuse and sexual harassment, retaliation by other residents or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed of the zero-tolerance policy and methods of reporting in the CoreCivic brochure, <i>PREA Prevent, Detect, Respond</i>, the Resident Handbook and on information posted throughout the facility in both English and Spanish. Residents are informed they can report allegations to the Facility Director or other supervisory staff by forwarding a letter, sealed and marked "confidential" and can verbally report to any staff member. Residents and staff interviewed were aware of resident reporting options available to them. 115.251 (b): Residents are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. Residents are informed they can call the Federal Bureau of Prisons at 919-575-2080. They are also given the address of the Federal Bureau of Prisons National PREA Coordinator, the Federal Bureau of Prisons Office of Internal Affairs and the Raleigh Police Department. In interview the PREA Coordinator she stated, "Each facility has a different external reporting source identified, depending on the partner and jurisdiction. At some facilities, the address to a local sheriff or police department is provided. The residents have access to resources at the partner agency in addition to the CoreCivic resident concern line and Ethics Line, where they can remain anonymous making a report. All internal and external reporting resources are posted near the phone bank at the facility and are included in the resident handbook." When asked if reporting procedures enable receipt and immediate

	transmission of resident reports of sexual abuse and sexual harassment to agency officials she stated, "Whenever we establish a partnership with an external reporting source, we ensure that the agency that we partner with understands these requirements. In the case of a police partner, they either call the facility or respond directly when a complaint or allegation is received." The facility has a phone available for their use in the hallway outside of the Monitor Station. On the first day of the audit, the number to the Federal Bureau of Prisons and Interact were dialed and both numbers were found to be accessible. 115.251 (c): Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to promptly document all verbal reports as stated on page 18, section K-2-b of policy 14-2 CC. Staff interviewed knew the reporting options for residents and knew verbal reports must be documented. Staff who fail to report allegations may be subject to disciplinary action. 115.251 (d): According to policy 14-2 CC, page 19, section K-2-f, CoreCivic employees, contractors, volunteers and third parties may privately report sexual abuse and sexual harassment of residents in writing or may contact the CoreCivic's Ethics and Compliance Hotline at 1-800-461-9330 or report on CoreCivic's website at www.corecivic.com/ethicsline. Reporting methods can be found on the CoreCivic website and in the CoreCivic Code of Ethics, pages 16 & 17. Staff are informed of the Ethics Line on <i>Ethic Matters - Breaking the Code of Silence</i> posters. Employees can also report in writing to the Facility Director in a sealed envelope marked "Confidential". Residents interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of residents by calling the agency's Ethics and Compliance hotline or reporting on the Ethics Line website and in writing confidentially to the Facility Director.
--	--

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.252 (a): According to CoreCivic policy 14-2 CC, page 16, section K-1-d, CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. In the event a report of sexual abuse or sexual harassment be submitted in a grievance, it will immediately be referred to a facility investigator for investigation. According to information reported on the Pre-Audit Questionnaire and in conversation with the Facility Director, in the past 12 months there were no PREA-related grievances submitted.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.253 (a): Policy 14-2 CC, pages 8 & 9, section F, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone number (919-828-7740) and mailing address to InterAct (1012 Oberlin Rd., Raleigh, NC 27605) where residents can request victim advocacy and emotional support services. Residents are informed of services InterAct provides on posted information. In interview with residents, they knew where to find information about services for victims of sexual abuse. 115.253 (b): Residents are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents are informed calls to the InterAct are not recorded or monitored. When interviewed, residents knew they could remain anonymous upon request. 115.253 (c): Prior to the onsite audit visit, the agency/facility was in the process of securing a Memorandum of Understanding (MOU) with InterAct to provide emotional support services to residents of the South Raleigh Residential Reentry Center. During the Pre-Onsite Audit Phase, a new MOU was signed and executed. The Director of Sexual Assault Services of InterAct was contacted on 1/30/25 to confirm and review the terms of the MOU. InterAct provides residents of the South Raleigh Residential Reentry Center with a 24-hour crisis hotline answered by volunteer and paid advocates during business hours and by a confidential answering service after hours and weekends. Calls to the hotline number are not monitored or recorded and the caller may remain anonymous upon request. Information obtained from the caller by an advocate or counselor is confidential, with the exception of mandatory reporting laws involving a child or elderly person. The MOU with InterAct provides for forensic exams performed at InterAct's Solace Center. Upon information of a sexual assault, InterAct schedules a medico-forensic exam by activating the Sexual Assault Nurse Examiner and the Sexual Assault Response Advocate on call. A medical-forensic exam includes a nurse assessment, injury assessment, photography and a sexual assault evidence collection kit. The victim is discharged with STI and pregnancy prevention prophylaxis treatment (if consenting) and after a safety assessment providing them with detailed discharge instructions and community resources. Following the forensic exam, the victim would receive a follow-up call after three days from one of InterAct's Sexual Assault Case Managers. InterAct advocates can provide accompaniment during law enforcement interviews, but they do not provide legal counseling. All services provided are at no cost to the victim.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.254 (a): The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or the Facility Director. Per CoreCivic policy 14-2 CC, page 17, section K-2-f & g, information on third party reporting is made available on CoreCivic's website (www.corecivic.com/ethicsline) with instructions for outside parties to contact the Facility Director and the telephone number to reach the Ethics Line (1-800-461-9330) is provided. Residents, staff and visitors are made aware of third-party reporting on <i>Ethic Matters - Breaking the Code Silence</i> and <i>PREA Reporting Information</i> posters found in various locations throughout the facility. Residents and staff interviewed were aware of resident reporting options available to them. Residents and staff interviewed were knowledgeable of this method of reporting.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.261 (a): Based on agency policy 14-2 CC, page 17, section K-2, staff must take all allegations of sexual abuse and sexual harassment seriously, including verbal, anonymous and third-party reports. All staff are required to report immediately to the Facility Director/PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action. Random staff interviewed knew their reporting responsibilities. The <i>PREA Overview</i> training curriculum addresses staff reporting responsibilities during pre-service and in-service training. All staff carry with them a <i>First Responder Card</i> to remind them of their responsibilities if they receive an allegation of sexual abuse. 115.261 (b): Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff interviewed confirmed this practice. 115.261 (c): The South Raleigh Residential Reentry Center does not have medical or mental health staff; therefore, this provision of the standard is not applicable to this facility.

	115.261 (d): The South Raleigh Residential Reentry Center houses adult male and female residents, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statue, as verified by interview with the Facility Director. If there is an allegation of a vulnerable adult, facilities are instructed to contact local law enforcement agencies responsible for conducting criminal investigations to be advised of any reporting requirements. In interview with the Facility Director, she stated she would contact the Raleigh Police Department. When interviewed the PREA Coordinator stated, "The PREA Coordinator (Sr. Director) and Director both have access to the mandatory reporting document created by the PREA Resource Center for reference. Because CoreCivic operates in several states and jurisdictions, each facility has to be familiar with their state's reporting laws. The state law on mandatory reporting laws. The state law on mandatory reporting will guide the response in each jurisdiction." 115.261 (e): The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the Facility Director/ PREA Compliance Manager. Interview with all specialized and random staff revealed staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary. 115.261 (f): The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the facility investigators.
--	--

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.262 (a): Policy 14-2 CC, page 20, section M-1 requires that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. In interview with the Vice President, Core Services (agency head designee), he stated, "When a substantial risk of imminent sexual abuse is reported, it is required that staff take immediate action to protect the person at risk. This usually ensures separating the victim from any aggressor and understanding the concern in detail, so appropriate follow-up action can be taken. Both short-term and long-term safety must be considered when evaluation the situation. Asking the resident if they feel safe is a great way to gauge victim perception of the response to their concern." In interview with the Facility Director and on information reporting on the Pre-Audit Questionnaire, in the past 12 months there were no instances where it was necessary for the facility to take immediate action in regard to a resident being at substantial risk of sexual abuse. The Facility Director stated she would immediately move the resident to a safe place and possibly recommend to BOP the resident be

	placed on home confinement. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. They knew they are required to report this information to their supervisor immediately. All staff carry with them a <i>First Responder Card</i> reminding them of the actions to take in the event they are a first responder to an allegation of sexual abuse. The <i>Sexual Abuse Incident Check Sheet</i> (14-2C-CC) is used to ensure all required steps and notifications are made.
--	--

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.263 (a): CoreCivic policy 14-2 CC, pages 22 & 23, section M-16 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility where the sexual abuse was alleged to have occurred, with a copy of the statement of the resident forwarded as part of the notification. 115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours after receiving the allegation. In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no notifications received that a resident was sexually abused while confined to another facility. 115.263 (c): The Facility Director is required to document that the notification was made on through the 5-1 CC, <i>Incident Reporting</i> procedures. 115.263 (d): The facility head or agency office that receives a notification will ensure that the allegation is investigated in accordance with the PREA standards. In interview of the Vice President (agency head designee) he stated, "All referrals should go to the Warden or designee at the facility where the incident occurred. If a referral is made to the PREA Coordinator or me, we will certainly get that notification to the Warden at the facility where it happened. (a): When we receive an allegation of sexual abuse, it is immediately referred to the investigator for investigation. The facility will implement all protocols for first responders and SART members outlined in policy. (b): We have had allegations from outside agencies referred to us to investigate. We have also had to make referrals to other agencies about cases that happened at their facilities. We have received these referrals at facilities, the FSC (Central Office) and PREA Coordinator have also received them directly. " The Facility Director when interviewed stated if she received a notification of this nature, she would investigate immediately.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.264 (a): CoreCivic policy 14-2 CC, pages 18 & 19, sections M-2-6, outlines the procedures for first responders to allegations of sexual abuse by security and non-security staff. Per policy, upon learning of an allegation of sexual abuse, the first security responder is to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a period of time that allows for the collection of physical evidence, staff shall request the alleged victim to not wash, shower, remove clothing, use the restroom, eat, drink, smoke or brush his/her teeth and notify the highest supervisory authority on-site. Staff will ensure the alleged abuser does not take any actions that could destroy physical evidence. According to information reported on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no sexual abuse allegations reported. 115.264 (b): Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. Non-security staff members interviewed knew what to do if they were a first responder to an allegation of sexual abuse. They knew they were to contact security immediately. All staff carry with them a <i>First Responder Card</i> that outlines their responsibilities in response to allegations of sexual abuse and sexual harassment. The <i>Sexual Abuse Incident Check Sheet</i> (14-2C CC) is used to ensure all required steps and notifications are made. Security and non-security staff are trained on first responder duties during pre-service and during annual in-service training. Interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve any physical evidence.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.265 (a): CoreCivic policy 14-2 CC, pages 17 & 18, section L, outlines the facility's coordinated response to an incident of sexual abuse. The coordinated response plan, in detail, is found in the agency's 14-2 CC policy, section M, pages

	19-24. It is the responsibility of the Sexual Abuse Response Team (SART) to ensure coordination of the facility's coordinated response plan. The SART includes the Facility Director, Assistant Facility Director/PREA Compliance Manager, Case Manager Supervisor and a Monitor I, with the agency's PREA Coordinator and/or Director, Compliance and Investigation, Senior Director and the Managing Director in attendance via telephone or zoom. In interview, with the Facility Director, she confirmed the members of the SART. A <i>Sexual Abuse Incident Check Sheet</i> (14-2C-CC) is completed for all allegations of sexual abuse to ensure that all steps of the coordinated response plan are carried out and required notifications are made. All staff carry with them a <i>First Responder Card</i> to remind them of the steps to take in response to an allegation of sexual abuse. Interviews with members of the SART, revealed they knew their responsibilities in carrying out the coordinated response plan.
--	---

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.266 (a): CoreCivic policy 14-2 CC, page 29, section S-2-g & h, was used to verify compliance to this standard. CoreCivic would not enter into any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged employee sexual abusers from contact with residents pending the outcome of an investigation. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment. In interview with the Vice President, Core Services (agency head designee), he stated "Yes, some facilities do have collective bargaining agreements, but not all. No collective bargaining agreements prevent CoreCivic from taking action against staff who are subject to PREA allegations or investigation, including placing them on administrative leave or non-contact post." In review of the one employee-on-inmate sexual harassment allegation reported and administratively investigated, the allegation was determined to be substantiated and the employee involved was terminated. In review of an allegation of employee-on-inmate sexual abuse reported in 2023, the employee involved was terminated. In both cases, the termination took effect the day after the allegations were reported.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.267 (a): CoreCivic has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined on pages 20-22, section M-14 of policy 14-2 CC. The Facility Director/PREA Compliance Manager is responsible for monitoring residents and staff for retaliation. Monitoring is documented on the 14-2D-CC, *PREA Retaliation Monitoring Report*. In review of the investigative file of the one allegation reported in the past 12 months, the 14-2D-CC form was prepared, but monitoring did not occur as the alleged victim was released from custody before 30-days of reporting the allegation. There were three additional allegations reported in this reaccreditation period that were administratively investigated. Investigative files of those allegations were reviewed and 14-2D-CC forms were included in each of the respective file. The 14-2D-CC forms were prepared but, in each case, the alleged victims were no longer assigned to the facility before retaliation monitoring was scheduled to begin.

115.267 (b): Multiple protection measures, such as housing changes, or transfers of resident victims or abusers, removal of alleged staff or resident abusers from contact with victims are taken. In interview with the Vice President, Core Services (agency head designee), he stated "We require retaliation monitoring of both staff and inmates for at least 90 days, but more if warranted. We transfer suspects or alert probation/parole when allegations have been made, which further protects the victim from retaliation." In interview with the Facility Director, she shared what measures she would take to protect residents and staff from retaliation.

115.267 (c): Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. The Facility Director explained the process and time frames of retaliation monitoring and the things they would look for to determine if retaliation may be occurring. She stated in interview she would continue monitoring beyond 90 days if necessary.

115.267 (d): In addition to monthly monitoring, residents will also have periodic status checks, and any relevant documentation will be reviewed.

115.267 (e): If other individuals who cooperate with an investigation express a fear of retaliation, appropriate measures will be taken to protect that individual from retaliation. In interview with the Vice President, Core Services (agency head designee), he stated, "Find the root cause of the retaliation and correct it. CoreCivic has a retaliation policy, along with the Code of Ethics that outlines expectations and consequences for retaliation (whether it is related to PREA concerns or not). CoreCivic assists victims with finding the appropriate medical, emotional and law enforcement support for their concerns when necessary." In interview of the Facility Director, she stated if she suspected retaliation, she would address it immediately.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.271 (a): The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The facility Investigators are responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the South Raleigh Residential Reentry Center information about administrative investigations is outlined in CoreCivic's policy 14-2 CC, pages 24 & 25 section N, and criminal investigations are outlined on pages 25 & 26, section O. According to policy 14-2 C, all allegations of sexual abuse and sexual harassment are reported in the CoreCivic 5-1 CC policy, <i>Incident Reporting</i>. In interview with the facility's investigators, they knew their responsibilities in the conduct of administrative investigations. On information provided on the Pre-Audit Questionnaire and in interview with the facility investigators, in the past 12 months there was one allegation of employee-on-inmate sexual harassment reported and administratively investigated. When interviewed the facility investigators stated they would start the investigation immediately after a report of an allegation. They also stated they would investigate anonymous and allegations from third parties the same as all allegations reported. 115.271 (b): Documentation provide showed facility Investigators completed <i>Investigating Sexual Abuse in a Confinement Setting</i>, a web-based training. Certificates of completion for the facility investigators were provided for review. When interviewed, facility Investigators confirmed completing this training and described some of the topics the training covered. 115.271 (c): The Investigators gathers and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of investigators, they reported they interview the alleged victims, suspected perpetrators and witnesses and named some of the evidence they would collect in their investigations. Evidence they would collect included statements, text messages, e-mails, camera footage and photos. 115.271 (d): Allegations involving staff or residents that appear to be criminal are referred to the Raleigh Police Department. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors. 115.271 (e): The credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by the person's status as a resident or a staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph test. This was confirmed in interview with investigators. 115.271 (f): The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative

	investigation is documented on the 5-1G-CC, <i>Incident Investigation Report</i>. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including explanation as to what determined the conclusion. 115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. Information on criminal investigations is found on pages 25 & 26, section O of policy 14-2 CC. 115.271 (h): Substantiated allegations shall be referred for prosecution. On information provided on the Pre-Audit Questionnaire, in the past 12 months there were no substantiated allegations of sexual abuse referred for prosecution. 115.271 (i): CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the <i>CoreCivic Retention Schedule</i> (1-15 B). 115.271 (j): If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If a resident abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues. Both Investigators stated they would continue the investigation if the staff abuser or victim terminated their employment before the conclusion of the investigation. 115.271 (k): The Raleigh Police Department conducts investigations as required in provisions (a) – (j) of this standard. 115.271 (l): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview with the PREA Coordinator she stated, "CoreCivic conducts all administrative investigations. Local law enforcement conducts all criminal investigations. CoreCivic follows up with local law enforcement before closing the administrative investigation to make sure that law enforcement has all information they need and to establish whether there will be any criminal charges sought against the alleged perpetrator. Investigators are told to document the follow-up with law enforcement in the investigative case file." In interview of the Facility Director and the Assistant Facility Director/PREA Compliance Manager, both said they would contact the detective assigned to the case to check on the status of the criminal investigation.
--	--

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

	Auditor Discussion 115.272 (a): Based on CoreCivic's policy 14-2 CC, page 24, section N-8, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency's policy and the standard requirement.
--	---

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.273 (a): Policy 14-2 CC, page 27, section R, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In interview with the Facility Director and the Assistant Facility Director/PREA Compliance Manager, they both stated one of them would inform residents of the outcome of an investigation. 115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. In the past 12 months, there were no allegations referred for criminal investigation. 115.273 (c): The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The resident will be informed if the staff member is no longer posted within the resident's unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse. In information provided on the Pre-Audit Questionnaire, in the past 12 months there was one allegation of employee-on-inmate sexual harassment reported. It was determined the allegation was substantiated. A notification was filed in the investigative file. The notice was prepared, but not presented to the victim as the victim was released from custody before the conclusion of the investigation. 115.273 (d): Following a resident's allegation that another resident sexually abused him/her, the agency shall inform the resident of the outcome of the investigation. The resident is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse.

	115.273 (e): All notifications or attempted notifications shall be documented on the 14-2E-CC, <i>Resident Allegation Status Notification</i> form. The resident signs the 14-2E-CC and the form is filed in the corresponding investigative file. The facility is providing notices of allegations of sexual abuse and sexual harassment. In review of the investigative file of the one allegation reported in the past 12 months, the 14-2E-CC form was prepared but not served to the victim because the victim was released from custody prior to the conclusion of the investigation. In review of the investigative files of three additional allegations reported and investigated during this reaccreditation period (2023), 14-2E-CC forms were prepared but not presented to the victim/alleged victim because they were no longer at the facility when the investigations were closed. The forms were filed in the corresponding investigative files.
--	--

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, page 28, section S-2-a-d. New Employees are required to read <i>CoreCivic's Code of Ethics</i> which outlines the standards of conduct employees will be held responsible to adhere to. Employees sign a <i>Code of Ethics Acknowledgement</i> form acknowledging they have read and understand the Code of Ethics. 115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 115.276 (c): Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories. 115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. From information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months, there was one staff member found in violation of the agency's sexual abuse and sexual harassment policy. The staff member was terminated on the day following the report of the allegation.

115.277	Corrective action for contractors and volunteers
----------------	---

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.277 (b): Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in appropriate corrective action up to and including restricting contact with residents and removal from the facility. In the past 12 months, the South Raleigh Residential Reentry Center has not utilized the services of volunteers or contractors.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.278 (a): Per policy 14-2 CC, page 28, section S-1, residents will be subject to disciplinary sanctions following an administrative finding that the resident was found guilty of resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are informed in the Residential Reentry Center (RRC) Resident Handbook, page 10, of prohibited acts. According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no residents found in violation of the zero-tolerance policy.
	115.278 (b): Sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. <i>Residential Reentry Center (RRC) Resident Handbook</i> informs residents of the sanctions that will be imposed for these violations. On information in the Pre-Audit Questionnaire and in interview with the Facility Director, a referral would be made to BOP for implementation of the disciplinary process.
	115.278 (c): The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. In interview with the Facility Director, she stated a resident's mental disability or mental illness would be considered before sanctions were imposed.
	115.278 (d): In the case of sexual abuse, the alleged perpetrator is offered mental health services. Mental health services are provided by referral to an offsite provider.
	115.278 (e): A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.
	115.278 (f): Residents who allege false claims of sexual abuse can be disciplined. A

	report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation. 115.278 (g): Sexual activity between residents is prohibited in all CoreCivic facilities and residents may be disciplined for such activity. Residents are informed that sexual misconduct is a violation against the facility's rules and regulations and what constitutes sexual misconduct. All sexual activity between residents is prohibited and residents are informed they will be disciplined for violations.
--	--

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.282 (a): All resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services determined by medical and mental health practitioners according to their professional judgement, according to CoreCivic policy 14-2 CC, page 22, section M-15-a-d. Prior to the onsite audit visit, the agency/facility was in the process of securing a Memorandum of Understanding (MOU) with InterAct to provide emotional support services to residents of the South Raleigh Residential Reentry Center. During the Pre-Onsite Audit Phase, a new MOU was signed and executed. The Director of Sexual Assault Services of InterAct was contacted on 1/30/25 to confirm and review the terms of the MOU. InterAct provides residents of the South Raleigh Residential Reentry Center with a 24-hour crisis hotline answered by volunteer and paid advocates during business hours and by a confidential answering service after hours and weekends. Calls to the hotline number are not monitored or recorded and the caller may remain anonymous upon request. Information obtained from the caller by an advocate or counselor is confidential, with the exception of mandatory reporting laws involving a child or elderly person. 115.282 (b): The South Raleigh Residential Reentry Center does not have medical or mental health practitioners on staff. Security staff first responders are required to take steps to protect the victim. Resident victims are referred to the Solace Center for crisis intervention services. Security and non-security staff confirmed their knowledge of the requirements to protect the victim to ensure their safety. 115.282 (c): The MOU with InterAct provides for forensic exams performed at InterAct's Solace Center. In interview of InterAct's Director of Sexual Assault Services, upon information of a sexual assault, InterAct schedules a medico-forensic exam by activating the Sexual Assault Nurse Examiner and the Sexual Assault Response Advocate on call. A medical-forensic exam includes a nurse assessment,

	injury assessment, photography and a sexual assault evidence collection kit. The victim is discharged with STI and pregnancy prevention prophylaxis treatment (if consenting) and after a safety assessment providing them with detailed discharge instructions and community resources. Following the forensic exam, the victim would receive a follow-up call after three days from one of InterAct's Sexual Assault Case Managers. InterAct advocates can provide accompaniment during law enforcement interviews, but they do not provide legal counseling. 115.282 (d): Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.
--	---

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.283 (a): Based on CoreCivic's policy 14-2 CC, page 22, section M-15-e-j, the facility ensures medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse. This treatment includes follow-up services, treatment plans and when necessary, referrals for continued care. The MOU with InterAct provides for forensic exams performed at InterAct's Solace Center. Upon information of a sexual assault, InterAct schedules a medico-forensic exam by activating the Sexual Assault Nurse Examiner and the Sexual Assault Response Advocate on call. A medical-forensic exam includes a nurse assessment, injury assessment, photography and a sexual assault evidence collection kit. The victim is discharged with STI and pregnancy prevention prophylaxis treatment (if consenting) and after a safety assessment providing them with detailed discharge instructions and community resources. Following the forensic exam, the victim would receive a follow-up call after three days from one of InterAct's Sexual Assault Case Managers. InterAct advocates can provide accompaniment during law enforcement interviews, but they do not provide legal counseling. All services provided are at no cost to the victim. 115.283 (c): Resident victims of sexual abuse are provided medical and mental health services consistent with the community level of care. Medical and mental health services are provided offsite to community providers. 115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. 115.283 (e): Resident victims of sexually abusive vaginal penetration while incarcerated are offered referral for pregnancy tests. If pregnancy results, victims will receive timely access to lawful pregnancy-related medical services.

	115.283 (f): Resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. 115.283 (g): Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident. 115.283 (h): According to CoreCivic's policy 14-2 CC, page 11, section G-15, all known resident-on-resident abusers shall have a documented referral for a mental health evaluation within 60 days of learning of abuse history. Resident-on-resident abusers would be referred to community providers for a mental health evaluation, to be seen within 60 days. Referrals are made to the Integrated Behavioral Health Services (IBHS) after approval of BOP.
--	--

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.286 (a): Based on policy 14-2 CC, page 26, section P, the Facility Director/PREA Compliance Manager will ensure a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The <i>Sexual Abuse or Assault Incident Review Report</i> (14-2F CC) is completed for this review. 115.286 (b): The review shall occur within 30 days of the conclusion of the investigation. 115.286 (c): It is the responsibility of the SART to conduct these reviews. Members of the SART include the Facility Director, Assistant Facility Director/PREA Compliance Manager, Case Manager Supervisor and a Monitor I, with the PREA Coordinator and/or the Director, the PREA Compliance and Investigation, Senior Director and Managing Director sometimes in attendance via telephone or zoom. In interview with the Facility Director she confirmed the members of the SART. 115.286 (d): When reviewing an incident, the SART considers the requirements of 115.286 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identity, sexual orientation or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement are documented and submitted to the PREA Coordinator. In interview with the PREA Coordinator she stated. "We conduct an incident review on each substantiated or unsubstantiated allegation of sexual abuse. Form 14-2F is the Incident Review Form and training about how to conduct the incident review is conducted with PREA Compliance Managers. All provisions of the standard are covered on the 14-2F form

	that is used. Each 14-2F form is provided for review as part of the investigative case file." She further stated, "All investigative files are sent to the FSC for Director and Sr. Director review. This review includes an initial phone call with the facility and leadership, plus a review of all documentation in the investigative file at the close of the case. The incident review form is part of the documentation. When a trend is noticed, it is addressed appropriately, either through a phone call, training, site visit or other measures." When asked what actions, if any, does she take after the report has been submitted to her, she replied, "After incident reports or completed investigations are submitted, the Director PREA Compliance must review and summarize any substantial cases for the Sr. Director, Managing Director, and Vice President of Core Services. Any significant incidents are discussed with executive leadership by the Sr. Director during monthly meetings. After the annual PREA report is finished, it is published on the public company website and distributed internally, including the Board of Directors, for review. On information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there was one allegation of employee-on-inmate sexual harassment administratively investigated. An incident review was conducted, and the 14-2F-CC form was filed in the investigative file. In addition, three investigative files of allegations reported and administratively investigated in this reaccreditation period (2023) were reviewed. All three files contained 14-2F-CC forms of reviews conducted following the conclusion of the investigations. When interviewed, the members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents. 115.286 (e): The facility will implement the recommendations for improvement or will document reasons for not doing so.
--	--

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.287 (a): Information on data collection is found on page 29, sections T-1-3, of CoreCivic's policy 14-2 CC. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The facility ensures incidents of sexual abuse are entered into the 5-1 CC reporting system as required in CoreCivic policy 5-1 CC, <i>Incident Reporting</i>. 115.287 (b): At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data. 115.287 (c): The data collected, will be 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 (DOJ).

	115.287 (d): The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the Prison Rape Elimination Act (PREA) Reporting (5-1E) form. According to CoreCivic's policy 14-2 CC, page 30, section T-11, aggregated PREA sexual abuse data is retained for 10 years and PREA investigation files and written reports for 5 years after the resident is released or post-employment of alleged abusers according to the <i>CoreCivic Retention Schedule</i> (1-15B). In interview of the PREA Coordinator she stated, " Every year CoreCivic complies an annual report where all data is aggregated and analyzed. Throughout the year aggregate data and any trends identified are discussed with leadership, including the Facility Director. All data (investigative reports) are held in a secure share drive folder that only FSC level PREA Director and Sr. Director, Community VP, Managing Director, Sr. Directors, and legal has access to. Any time a concern is identified, it is addressed with the Facility Director and their Operations chain of command to resolve. There is also a quarterly, semi-annual and yearly metrics summary distributed to the Facility Directors and above." 115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents. 115.287 (f): Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ. According to information reported on the Pre-Audit Questionnaire, DOJ did not request this information in the previous calendar year.
--	---

115.288	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion 115.288 (a): Based on policy 14-2 CC, page 29, section T-4-6 & 8, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the PREA Coordinator stated, "CoreCivic provides three years of agency annual reports in every PAQ for the auditor to review." When interviewed the Vice President, Core Services (agency head designee) stated, "Please review our annual PREA reports. There, you will see that every year, CoreCivic examines year-over-year trends related to PREA reporting. We examine category, demographics of those involved, and substantiated rates to study trends and indicators of strengths or weaknesses in the program. Outside of metrics related to reports, we also aggregate corrective action data internally to identify

	trends in compliance efforts and auditor feedback." 115.288 (b): The annual report includes a comparison of the current year's data and corrective actions with those from the previous years and provides an assessment of the agency's progress in addressing sexual abuse. 115.288 (c): The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is made public on CoreCivic's website and can be accessed at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea. Annual reports since 2013 were found published on the agency's website. 115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted. In interview with the PREA Coordinator, she stated, "Nothing is redacted except for protected personal information of victims and suspects involved in allegations." The annual reports prepared by the PREA Coordinator and posted on the agency's website. In review of CoreCivic's website, all annual reports since the last PREA audit were well written with easy-to-read tables according to the type of allegations and the investigative findings of all CoreCivic facilities, as well as a narrative overview of this information. The report provides a review of incident-based data with a comparison of aggregated data for the previous years in the audit cycle. The facility was found to exceed in the requirements of this standard.
--	---

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.289 (a): According to policy 14-2 CC, pages 29 & 30, section T-7-11, the agency ensures that the data collected is securely retained. In interview with the PREA Coordinator she stated, "Every year CoreCivic complies an annual report where all data is aggregated and analyzed. Throughout the year, aggregate data and any trends identified are discussed with leadership, including the Facility Director. All data (investigate reports) are held in a secure share drive folder that only FSC level PREA Director and Sr. Director, Community VP, Managing Directors, Sr. Directors, and legal has access to. Any time a concern is identified, it is addressed with the Facility Director and their Operations chain of command to resolve. There is also a quarterly, semi-annual, and yearly metrics summary distributed to the Facility Directors and above." 115.289 (b): The annual report is approved by the agency's Chief of Corrections. CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea.

	115.289 (c): Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted. 115.289 (d): According to the <i>CoreCivic Retention Schedule (1-15-B)</i>, the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview of the PREA Coordinator.
--	---

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.401 (a): Based on policy 14-2 CC, page 30, section U, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency's policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that a DOJ Certified PREA Auditor conducts the external audit. 115.401 (b): According to the agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The last PREA audit of this facility was conducted in 2022. 115.401 (f): I received and reviewed all relevant agency-wide policies for the South Raleigh Residential Reentry Center. 115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period. 115.401 (h): During the audit, I was allowed access to all areas of the facility. 115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically. 115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request. 115.401 (k): I interviewed a representative sample of residents and staff, supervisors and administrators. 115.401 (l): I reviewed camera monitors and electronically stored data. 115.401 (m): I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation. 115.401 (n): Clients and staff were notified on 12/30/24 through posted facility

	notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive any correspondence from clients or staff. 115.401 (o): Prior to the onsite audit visit, the agency/facility was in the process of securing a Memorandum of Understanding (MOU) with InterAct to provide emotional support services to residents of the South Raleigh Residential Reentry Center. During the Pre-Onsite Audit Phase, a new MOU was signed and executed. The Director of Sexual Assault Services of InterAct was contacted on 1/30/25 to confirm and review the terms of the MOU. InterAct provides residents of the South Raleigh Residential Reentry Center with a 24-hour crisis hotline answered by volunteer and paid advocates during business hours and by a confidential answering service after hours and weekends. Calls to the hotline number are not monitored or recorded and the caller may remain anonymous upon request. Information obtained from the caller by an advocate or counselor is confidential, with the exception of mandatory reporting laws involving a child or elderly person. The MOU with InterAct provides for forensic exams performed at InterAct's Solace Center. Upon information of a sexual assault, InterAct schedules a medico-forensic exam by activating the Sexual Assault Nurse Examiner and the Sexual Assault Response Advocate on call. A medical-forensic exam includes a nurse assessment, injury assessment, photography and a sexual assault evidence collection kit. The victim is discharged with STI and pregnancy prevention prophylaxis treatment (if consenting) and after a safety assessment providing them with detailed discharge instructions and community resources. Following the forensic exam, the victim would receive a follow-up call after three days from one of InterAct's Sexual Assault Case Managers. InterAct advocates can provide accompaniment during law enforcement interviews, but they do not provide legal counseling. All services provided are at no cost to the victim.
--	---

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.403 (a): Based on policy 14.2 CC, page 30, section U-4, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the Auditor's Certification section of this report that no conflict of interest exists with my ability to conduct this audit.

	115.403 (b): Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's Sexual Abuse Prevention, Response policy (14-2 CC), the policy was found to be well written and comprehensive complying with the PREA National Standards. 115.403 (c): For each standard, I made a determination of a finding of Exceeds Standard or Meets Standard. Standards 115.211, 115.231, 115.233 and 115.288 were found to exceed in the requirements of the standard. All other standards were determined to meet the requirements of the standards. 115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required. 115.403 (e): I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request. 115.403 (f): Per agency policy and standard requirements, CoreCivic ensures that this final report will be published on their website at http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea.
--	--

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

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

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

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

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

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

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	no
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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