

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

Interim Final

Date of Interim Audit Report: May 14, 2021 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: May 24, 2021

Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: May 3-4, 2021

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable): N/A			
Physical Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, TN 37027	
Mailing Address: SAA		City, State, Zip: SAA	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon T. Hininger, President and Chief Executive Officer	
Email: Damon.Hininger@corecivic.com	Telephone: 512-263-3000

Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs	
Email: eric.pierson@corecivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steven Conry, Vice President, Operations/Administration	Number of Compliance Managers who report to the PREA Coordinator: 68

Facility Information

Name of Facility: Webb County Detention Center

Physical Address: 9998 South Highway 83

City, State, Zip: Laredo, TX 78046

Mailing Address (if different from above):
SAA

City, State, Zip: SAA

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

Has the facility been accredited within the past 3 years? Yes No (7/18/16)

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

ACA

NCCHC

CALEA

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

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Warden/Jail Administrator/Sheriff/Director

Name: Mario Garcia, Warden

Email: Mario.Garcia@corecivic.com

Telephone: 956-236-9393

Facility PREA Compliance Manager

Name: Arnoldo Zepeda, Chief of Security

Email: Arnoldo.Zepeda@corecivic.com

Telephone: 956-236-9394

Facility Health Service Administrator N/A

Name: Anna Marie Pena

Email: Anna.Pena@corecivic.com

Telephone: 956-729-4000

Facility Characteristics

Designated Facility Capacity:

532

Current Population of Facility:

36 (USMS) 157 (ICE)

Average daily population for the past 12 months:	243
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-69
Average length of stay or time under supervision:	92 days
Facility security levels/detainee custody levels:	Low, Moderate, High
Number of detainees admitted to facility during the past 12 months:	881
Number of detainees admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	849
Number of detainees admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	61
Does the facility hold youthful detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful detainees held in the facility during the past 12 months: (N/A if the facility never holds youthful detainees)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold detainees for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds detainees: Select all that apply (N/A if the audited facility does not hold detainees for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency (Tennessee Dept. of Corrections) <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with detainees:	136
Number of staff hired by the facility during the past 12 months who may have contact with detainees:	30
Number of contracts in the past 12 months for services with contractors who may have contact with detainees:	1
Number of individual contractors who have contact with detainees, currently authorized to enter the facility:	7
Number of volunteers who have contact with detainees, currently authorized to enter the facility:	29

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether detainees are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house detainees, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
Number of detainee housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house detainees of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows detainees to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	6
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	9
Number of open bay/dorm housing units:	20
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	10
In housing units, does the facility maintain sight and sound separation between youthful detainees and adult detainees? (N/A if the facility never holds youthful detainees)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>1</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-detainee or detainee-on-detainee), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>1</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-detainee or detainee-on-detainee), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The Webb County Detention Center is a private prison owned and operated by CoreCivic. CoreCivic contracts with the Immigration and Customs Enforcement Agency (ICE), which includes provisions to house United States Marshal Service (USMS) detainees under the ICE contract.

Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of facility procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. The following CoreCivic policies were reviewed and used to verify compliance to agency policies and the PREA standards:

- 14-2 *Sexual Abuse Prevention and Response*
- 13-79 *Sexual Assault Response*
- 5-1 *Incident Reporting*
- 10-1 *Segregation/Restrictive Housing Unit Management*
- 14-9 *Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities*
- 15-1 *Offense and Penalty Code - Adult*
- 15-2 *Disciplinary Procedures – Adult*
- 22-1 *Volunteer Services Management*
- 14-2K *PREA Overview for Contractors and Volunteers*

The facility's Chief of Security, Arnaldo Zepeda, is designated as the facility's PREA Compliance Manager. Initial contact was made with him when the audit files were received. Throughout the Pre-Onsite Audit Phase, the PREA Compliance Manager answered questions and provided additional information and documentation as requested. There were ongoing telephone conversations with the PREA Compliance Manager throughout the Pre-Onsite Audit Phase with discussions on the audit process and audit schedule.

The original onsite audit date was scheduled for 2/22/21-2/24/21. The agency's PREA Coordinator provided the PREA Compliance Manager with facility notices in English and Spanish eight weeks prior to the onsite audit visit informing detainees of the scheduled audit date. Notices included my name and mailing address if detainees wished to send me correspondence. Detainees were informed correspondence would remain confidential. The facility provided photos of the posted notices in 12 different locations with the date posted noted as 12/23/20. The onsite audit date was postponed and rescheduled for 5/3/21-5/4/21 and the facility provided photos of revised facility notices with the date posted noted as 4/8/21. No correspondence was received from detainees from the Webb County Detention Center.

The facility has a Memorandum of Understanding (MOU) with the Rape Crisis Center located in San Antonio, Texas. The Director of Programs for the Rape Crisis Center was contacted to confirm and review the terms of the MOU. The Rape Crisis Center provides a 24-hour hotline that provides detainees a method to report sexual abuse and provide emotional support services to victims of sexual abuse. Crisis Intervention Specialists respond to hotline calls. The agency also offers accompaniment to victims during the forensic exam process. The hospital would call the hotline and an on-call advocate would be dispatched to the hospital within a 45-minute response time. The Director of Programs stated detainees can receive ongoing support by writing a letter to the Rape Crisis Center or they can request services when they leave the Webb County Detention Center. If a detainee calls and reports an allegation of sexual abuse, the caller will be walked through the process of how to report. Callers can remain anonymous if they wish to. All services provided by the Rape Crisis Center are at no cost to the detainees as the program is funded through a grant.

The Webb County Detention Center has an MOU with the Laredo Police Department to conduct criminal investigations for allegations of sexual abuse. The Chief of Police was contacted to confirm and review the terms of the MOU. A trained investigator would be assigned to the case to gather evidence and take statements. Upon completion of the investigation, the Investigator would forward a copy of the written report to the facility.

Forensic exams are not performed at the facility. Victims of sexual abuse are transported to Doctors Hospital of Laredo for SANE exams. The Emergency Room Manager of Clinical Services was contacted to discuss the MOU the facility has with the hospital to provide forensic exams to detainee victims of sexual abuse. The hospital would contact a certified on-call SANE nurse who would be dispatched to the hospital to perform the examination. The alleged victim would be medically cleared first and given any medical treatment necessary before the SANE exam could be performed. An advocate from the Rape Crisis Center would also be dispatched to the hospital. Prophylactics for STD's would be administered and female victims are given a pregnancy test and pregnancy prophylactics. There is no cost to the victim for any services provided to the victim.

The PREA Compliance Manager provided lists of security and non-security staff scheduled to work during the onsite audit and the names of a staff member who was a first responders to allegations of sexual abuse, the detainee housing roster, names of detainees with disabilities, the *PREA Alert Roster*, *LGBTI Log* and the name of detainees who reported allegations of sexual abuse in the past 12 months. From this information, a random sample of staff and detainees were selected to be interviewed and a selection of detainee files to be reviewed.

Onsite Audit Phase

The PREA audit of the Webb County Detention Center was conducted May 3-4, 2021 by this DOJ Certified PREA Auditor to determine compliance to the DOJ PREA standards. The facility houses USMS and ICE detainees. The facility's initial PREA audit was conducted in 2016. Three years later in 2019, there were no USMS detainees housed at the Webb County Detention Center and an ICE audit was conducted using the DHS PREA standards. On the first day of the audit there were 36 USMS detainees and 157 ICE detainees.

On the first day of the audit, an entrance meeting was held to discuss the audit schedule and audit process with the following persons attending:

Mario Garcia, Warden
Ismael Cuellar, Assistant Warden
Arnoldo Zepeda, Chief of Security
Fernando Rodriguez, Quality Assurance Manager
Manual Avila, Facility Investigator
Adolfo Garza, Mental Health Coordinator
Fernando White, Learning & Development Manager
Monica Quintana, Shift Supervisor
Jacklyn Mendez, Detention Officer

A site review of the facility was conducted with the Arnoldo Zepeda, Chief of Security/PREA Compliance Manager and Jacklyn Mendez, Detention Officer. During the site review the placement and number of cameras and mirrors, room layout, restrooms and the placement of PREA posters and reporting information was observed. Facility notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in numerous locations throughout the facility with the date posted noted as 4/8/21. Third Party Reporting Posters and detainee PREA reporting information in English and Spanish was posted in housing pods and in numerous locations throughout the facility. Above entry doors to the vestibules of the housing pods signs remind opposite gender staff to make opposite-gender announcements when they enter the living area. This practice was observed during the site review with opposite gender staff making the announcement in English and Spanish.

There were two USMS housing pods (B-2 and E-8) labeled "Medical Cohort" on the windows due to detainees' exposure to COVID. The Restrictive Housing Unit (RHU) and the Medical Observation Units held COVID positive detainees. The Medical Cohort pods and the RHU and Medical Observation Units were not visited. ICE housing units were also not visited due to this being an audit of USMS only. All other areas of the facility where detainees have access to were visited. There were no areas of concern noted for blind spots in the facility. In review of video camera footage with the PREA Compliance Manager, it was determined that opposite gender staff could not see into the restroom areas where detainees would be in the state of undress. There appears to be good camera placement and mirrors to enhance supervision of detainees in all areas of the facility. Review of camera monitors with the PREA Compliance Manager on the last day of the audit confirmed this.

Plastic curtains are provided in front of the restroom area in each housing unit to ensure privacy for toileting, showering and changing clothing. In addition, there is a shower curtain in the entry of the showers. It was noted the shower curtain was long and reached the floor. A recommendation was made to modify the curtains or install new shorter curtains. Modifications were made to the curtains by cutting two feet of the solid plastic material on the bottom of the curtain and replacing it with a clear plastic material. On the last day of the audit a housing unit was revisited and found the modification to the shower curtains provided a visual of feet when the shower is in use.

The telephone reporting number provided to detainees were called on a detainee telephone to ensure they were accessible. Detainees are provided information for reporting allegations of

sexual abuse and sexual harassment to the Office of Inspector General (OIG), RAINN National Sexual Assault Hotline and the Rape Crisis Center on reporting posters, in the *Inmate Orientation Handbook* and in the *Right to Report* handout, all provided in English and Spanish. The steps provided to detainees were followed and found to allow detainees anonymous and confidential reporting of allegations to OIG. The other reporting numbers were dialed, but they required a pin number to complete the calls. Detainees are also provided the mailing address to the Rape Crisis Center.

On information provided on the Pre-Audit Questionnaire, the average daily population of the Webb County Detention Center for the past 12 months was 243 detainees. On the first day of the audit there were 193 detainees assigned to the facility. This number included 36 USMS detainees and 157 ICE detainees. A total of 12 USMS detainees were interviewed. The total included targeted detainees with the following special designations:

Special Designations	Number Assigned to the Facility on First Day of Audit	Number of Detainees Interviewed
Youthful Detainees	0	0
Detainees with Physical Disabilities	1	1
Detainees Who Were Blind	0	0
Detainees Who Had Low Vision	0	0
Detainees Who Were Deaf	0	0
Detainees Who Were Hard of Hearing	0	0
Detainees Who Were LEP		4
Detainees with Cognitive Disabilities	0	0
Detainees Who Identified as Gay	0	0
Detainees Who Identified as Bisexual	0	0
Detainees Who Identified as Transgender	0	0
Detainees Who Identified as Intersex	0	0
Detainees in Segregated Housing for High Risk of Victimization	0	0

Detainees Who Reported Sexual Abuse	1	1
Detainees Who Reported Sexual Victimization During Risk Screening	2	2
	Total Targeted Detainee Interviews	8

The limited English proficient detainees (Spanish) were interviewed with translation provided by a bilingual Detention Officer. The limited English proficient detainees reported they received written information in Spanish and viewed the Spanish PREA video. The two detainees who reported sexual victimization at initial risk screening and the detainee who reported sexual abuse confirmed being referred to mental health for a mental health evaluation.

Detainees interviewed were knowledgeable of the zero-tolerance policy and of the methods of reporting allegations of sexual abuse, sexual harassment and retaliation. During the site review, random detainees were informally interviewed about their knowledge of PREA. When detainees informally and formally interviewed were asked if they feel safe from sexual abuse at this facility, all responded they did.

Throughout the onsite audit visit, staff were informally interviewed. Twelve specialized staff and 15 random staff were interviewed. Random staff included Shift Supervisors and line staff from each of the three security shifts. The breakdown of staff interviews is as follows:

Staff Interview Category	Interviews Conducted
Agency Head or Designee	1
PREA Coordinator	1
Warden	1
PREA Compliance Manager	1
Staff Responsible for Unannounced Rounds	4
Medical Staff	1
Mental Health Staff	1
Human Resources Staff	1
Training Coordinator	1
Facility Investigators	1
Intake Staff	1
Staff Responsible for Risk Screenings	4
Staff Who Supervise in RHU	1
Incident Review Team Members	4
Staff Who Monitor for Retaliation	1
First Responders (Security)	0
First Responders (Non-Security)	0
Volunteers	0

Contractors	2
Total Specialized Staff Interviews Conducted	26

Staff who have multiple roles were asked interview questions as they relate to each of those roles, as well as the random staff interview questions. Staff interviewed confirmed receiving PREA training as part of their pre-service training and annual in-service training. Staff carry with them a First Responder Card reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties.

The human resource files of fourteen employees and five contractors were reviewed with the Human Resource Manager to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are being conducted for pre-employment, promotions and every five years. Per agency policy 14-2 and PREA standard 115.17, employees and contractors are required to complete a *Self-Declaration of Sexual Abuse/Sexual Harassment* (14-2H) form as an applicant, as a new hire, during annual performance evaluations and at the time of promotions. In review of the human resource files 14-2H forms were found in most files for 2019 and those considered for promotions, but annual 14-2H forms were not being completed as required. The Human Resource Manager was unaware of the requirement of annual 14-2H forms and the agency policy and provision 115.17(f) of standard 115.17 that addresses this requirement were reviewed with the Human Resource Manager. Due to this finding, the facility was found to not meet compliance to all provisions of standard 115.17 and entered into a 45-day corrective action period. See the narrative for standard 115.17 for the recommended corrective action plan and the corrective action taken.

The same employee and contractor files and five volunteer records were reviewed to determine compliance with PREA training requirements. Employee and contractor files revealed documentation maintained by the Learning and Development Manager for PREA training in 2018, 2019, 2020 and 2021. Volunteers have not been allowed access to the facility since March 2020 due to the pandemic. Files reviewed showed volunteers had training in 2019 and plans are to schedule a volunteer training when volunteers are allowed access to the facility again. Records reviewed confirmed PREA training provided to employees and contractors during Pre-service training and annually during in-service training.

Sixteen random detainee records were reviewed to determine compliance with screening procedures and the requirements of PREA education. The review of records showed initial risk assessments are completed on the first day of arrival to the facility. Five detainees screened to be victims, potential victims or potential predators were offered a mental health referral. Documentation was provided to ensure those who were referred were seen by the Mental Health Coordinator or if the detainee refused. Five 30-day reassessments were found to be late by one day and one 30-day assessment was late by two days. Thirty-day reassessment screenings are completed by Detention Officers designated to assume case management duties. In interview of one Detention Officer, she explained that they try to complete the assessments on the 30th day and if it falls on a weekend, they are conducted the day or two after. It was recommended not waiting until the 30th day and track dates to

complete 30-day reassessments within the week before the 30th day of the detainee's arrival to the facility.

Records reviewed showed detainees receive an *Inmate Orientation Handbook*, a *Preventing Sexual Abuse & Misconduct* brochure (attachment 14-2AA to CoreCivic's 14-2 policy), *Right to Report* handout and view the PREA video upon arrival to the facility. Detainees sign a *Webb County Detention Center Receiving and Discharge Checklist* acknowledging receipt of written information and viewing the video and are given the opportunity to ask questions. All written information is provided in English and Spanish. The *PREA: What You Need to Know* video is shown in the holding cells in Receiving and Discharge in English and Spanish. Records reviewed showed documentation of PREA education is being maintained by the facility.

Documentation of unannounced PREA rounds was requested for the months of March and April. Unannounced PREA rounds are documented by signatures in red ink in each housing unit logbook. Review of documentation provided showed unannounced PREA rounds are being conducted daily by Shift Supervisors on all three security shifts and by ADO staff weekly in all areas of the facility.

In interview with the facility Investigator, since the last PREA audit there was one USMS PREA allegation of Inmate-on-Inmate Sexual Harassment reported in December 2020. The allegation was investigated by the Facility Investigator and was determined to be unsubstantiated. In review of the investigative file of this allegation, retaliation monitoring was conducted, an incident review was conducted and the alleged victim received a notice of outcome of the investigation. On the day the allegation was reported, he alleged victim was seen in medical and evaluated by the Mental Health Coordinator. She was rescreened following the report and subsequently rescreened each time she was seen for retaliation monitoring. The allegation was found to be investigated in accordance with the PREA standards and the agency policy. The file was found to be well organized and complete.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

- Mario Garcia, Warden
- Ismael Cuellar, Assistant Warden
- Arnoldo Zepeda, Chief of Security/PREA Compliance Manager
- Fernando Rodriguez, Quality Assurance Manager
- Manuel Avila, Facility Investigator
- Fernando While, Learning and Development Manager
- Jacklyn Mendez, Detention Officer

The team was thanked for their cooperation prior to the onsite visit and throughout the audit process. Observations, information gathered from staff and detainee interviews and records reviewed were discussed. The team was informed that provision 115.17(f) of standard 115.17 was found to not meet compliance as the facility was not requiring employees and contractors to complete a *Self-Declaration of Sexual Abuse/Sexual Harassment* (14-2H) annually as required by agency policy and standard 115.17. They were told the facility would enter into a corrective action period. More information would be shared on the recommended corrective action plan to achieve compliance to this standard. Those present were complimented on

their success in achieving compliance to all of the other PREA standards. They were informed of the process that would follow the onsite audit visit.

Post-Onsite Audit Phase

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and detainee interviews during the Onsite Audit Phase, were reviewed during this Post-On-Site Audit Phase. An interim report was submitted to the agency's PREA Coordinator on 5/14/21, which included a recommended 45-day corrective action plan to achieve compliance to standard 115.17 (See the narrative of standard 115.17, page 30, for the Corrective Action Taken).

Information was requested and communication continued through e-mails with the Human Resource Manager, the PREA Compliance Manager and the agency's PREA Coordinator throughout the Post-Onsite Audit Phase. On 5/24/21, the Corrective Action plan was completed and reviewed and the facility was found to achieve compliance to the provisions of standard 115.17 and to all of the PREA standards.

Facility Characteristics

The Webb County Detention Center is located at 9998 South Highway 83, Laredo Texas. The facility completed in 1999 has a rated capacity of 532 beds and houses minimum to maximum custody USMS and ICE detainees. On the first day of the audit, there were a total of 193 detainees assigned to the Webb County Detention Center. There were 36 USMS detainees (14 males and 22 females) and 157 ICE detainees. The Webb County Detention Center houses high, medium and low security detainees.

The facility is a one-story structure surrounded by a secure perimeter and there are four buildings located outside the perimeter, including a warehouse, storage building, maintenance shop and armory. A large parking lot is in front of the building. Entry into the building is through a locked gate with access controlled by two Detention Officers posted in Central Control, which is located in the center of the facility. Staff and visitors are identified by voice and camera before being granted access to enter. Personal items are x-rayed and staff and visitor enter through a metal detector. Staff and visitors' identifications are checked and they walk through a metal detector. To the left of this entry area there is a waiting area, where PREA information and facility notices were found posted. COVID precautions upon entry are followed which includes a temperature check and COVID questions asked.

Upon arrival to the facility, detainees are processed in the Receiving and Discharge (R & D) unit. The R & D unit consists of a property room, a dry cell and four holding cells. Holding cells have benches and a toilet and sink with a metal barrier with curtains for privacy. The *PREA: What You Need to Know* video is shown in English and Spanish on televisions in the holding cells. As part of the intake process, PREA screenings are conducted in R & D. Detainee files are secured in an office in R & D. A memorandum on the filing cabinet listed the staff who are authorized access to detainee files where PREA screenings are filed.

The Webb County Detention Center has six housing units and one 10-bed RHU and a 10-bed medical observation unit. Housing units have a combined total of 42 housing pods. At the time of the onsite audit visit, 13 of the pods housed USMS detainees. The capacity of each USMS pod is 10 detainees. Entry into the pods is first into a small sallyport with a pod to the left and to the right of the sallyport. Windows in the main hallways provide a visual to each pod and to the sallyports. Restrooms in each pod have a toilet, sink and separate shower with shower curtain. A plastic curtain in front of the restroom is drawn to provide privacy to detainees when toileting, showering and dressing. Detainee telephones are on the wall in each pod with reporting and other PREA information available on a ring chained to the wall. Detainees have tablets where they can make audio and visual calls, review PREA information, e-mail and report PREA allegations. Cells in the two RHU's have a toilet, sink and shower within the cells and access to a portable phone for reporting.

The facility includes a visitation area, administrative offices, library, chaplain's office, mental health office, multipurpose room, laundry, commissary and kitchen. Food services are contracted through Trinity Food Services who provide satellite dining in the housing units.

Medical, mental health and dental services are provided onsite. The medical department is behind the R & D unit off of the main hallway. The medical department is staffed seven-days a week, 24-hours a day. Emergency medical care is provided at Laredo Medical Center and SANE services are provided at Doctor's Hospital Renaissance in Laredo. There are three medical holding cells with two negative pressure cells. A separate room in the medical department is used for evaluation of new detainees as part of the intake process.

Recreation is provided on the west side of the main building in two large recreation yards, North and South recreation for general population detainees and a small recreation yard on the East side of the main building, where detainees assigned to RHU are taken out individual for recreation time. Detention Officers provide direct supervision during outdoor recreation. Detainees are allowed access to recreation yards by dorms since the pandemic. There are 16 recreation cages near the East recreation yard, which are used for recreation for disciplinary status detainees.

The Webb County Detention Center's staffing plan allocates 156 full-time positions. Currently there are 136 employees and seven contractors. Contractors include two medical providers contracted by CoreCivic through LMBC and five Trinity Food Services workers. Current vacancies include 15 Detention Officers, 2 PRN RN's, 2 LVN's, 1 Warehouse Coordinator, 1 Chaplain and 1 Mail Clerk. There are three security shifts, which are 8 a.m.-4 p.m.; 4 p.m.-12 a.m. and 12 a.m.-8 a.m. Detention Officers conduct eight counts in a 24-hour period (8:15 a.m., 3 p.m., 4:15 p.m., 8 p.m., 10:30 p.m. (lockdown count), 12:15 a.m., 3:15 p.m., and 5:30 a.m.). Rounds are conducted approximately every 30 minutes by Detention Officers and Shift Supervisors conduct one unannounced PREA round in all areas per shift. ADO staff conduct one unannounced PREA round in all areas of the facility once per assigned duty week. Detainee movement is controlled by escorting officers.

The Webb County Detention Center has 172 cameras. There are 60 exterior cameras and 112 interior cameras. Cameras are located in hallways, common areas and in living units. When viewing camera monitors, the toilet and shower areas are whited out to ensure no

opportunity for opposite gender viewing. There are 26 DVR's that retain camera footage for up to 120 days. Ten additional cameras have been approved in the current Cap-EX budget.

CoreCivic's Mission Statement is the following:

We help government better the public good through:

CoreCivic Safety: We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety.

CoreCivic Community: We deliver proven and innovative practices in setting that help people obtain employment, successfully integrate into society and keep communities safe.

CoreCivic Properties: We offer innovative and flexible real estate solutions that provide value to government and the people we serve.

Summary of Audit Findings

The following is a summary of the audit findings for the Webb County Detention Center:

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded: 115.11, 115.31, 115.33, 115.81, 115.88

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

115.11 (a) CoreCivic's policy 14-2, *Sexual Abuse Prevention and Response*, 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. Pages 3 & 4 of the policy includes definitions of prohibited behaviors.

Sexual activity between detainees or employees, contractors and volunteers is strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic's policy 14-2 is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of detainees. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards.

115.11 (b): The agency employs a PREA Coordinator, who when interviewed at an earlier date, reported that he has sufficient time and authority to develop, implement and oversee CoreCivic's efforts to comply with the PREA standards. 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 responsibilities of the PREA Coordinator are found on Page 2, paragraph 3 of policy 14-2. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of CoreCivic's facilities. When interviewed the PREA Coordinator stated he has sufficient time and authority to oversee the agency's PREA program. He is assisted by a Director, PREA Compliance and Investigation.

115.11 (c): CoreCivic operates 68 facilities and each facility has a designated PREA Compliance Manager. The responsibilities of the PREA Compliance Managers are found on Page 2, paragraph 6 of policy 14.2. The Chief of Security is designated as the facility's PREA Compliance Manager. The facility's organizational chart depicts his position. The PREA Compliance Manager answers to the Warden. When interviewed, the PREA Compliance Manager stated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The agency 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.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of detainees.) Yes No NA

Auditor Overall Compliance Determination

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

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or detainees may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the detainee population? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

115.13 (a) Based on policy 14-2, pages 9 & 10, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect detainees 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 finding 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 Warden and the PREA Compliance Manager, they confirmed what is considered when assessing staffing levels.

115.13 (b): The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. In the past 12 months, the average daily population of the Webb County Detention Center was 243. The PREA staffing plan for 2021 mandates a fixed number of security housing and security operations positions per security shift. There are 24 mandated security positions on the first shift, 25 on the second shift and 15 on the third shift.

In interview with the Warden, he reported he checks the schedule with the Master Scheduler to ensure all positions are filled. If a position identified on the staffing plan is vacated for a shift, the Chief of Security will notify the PREA Compliance Manager of the deviation. 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 Warden and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviation to the staffing plan.

115.13 (c): The staffing plan is reviewed annually by the PREA Compliance Manager who completes an *Annual PREA Staffing Plan Assessment (14-2I)* and an *Annual PREA Staffing Plan Assessment Supplemental Questions* and forwards it to the Warden for review, who then 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 to the Vice President of Facility Operations 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 *Annual PREA Staffing Plan Assessments* completed since the last PREA

audit were provided for review. There were no recommendations for any changes to the established staffing plan.

115.13 (d): According to page 7, section D-1 of policy 14-2, immediate level and and/or upper-level facility supervisors are required to conduct unannounced PREA rounds to identify and deter employee sexual abuse and sexual harassment. In interview with Shift Supervisors, Shift Supervisors conduct unannounced PREA rounds once per shift. ADO staff conduct Unannounced PREA rounds once during their assigned duty week. All unannounced PREA rounds are documented in the housing logbooks in red ink. Employees are informed in their PREA training that they are prohibited from alerting other employees that supervisory rounds are occurring. In addition to unannounced PREA rounds, rounds are conducted approximately every 30 minutes in all areas detainees are allowed access and documented in the logbook at each post.

In review of the policy, documentation provided for review prior to the onsite audit and review of housing logbooks during the onsite visit and in interview with Shift Supervisors and the Chief of Security, the practice of unannounced rounds confirmed rounds being conducted on all three security shifts. Detainees interviewed confirmed supervisors are present in their housing unit at all different times.

Standard 115.14: Youthful detainees

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful detainees in isolation to comply with this provision? (N/A if facility does not have youthful detainees [detainees <18 years old].) Yes No NA

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

Auditor Overall Compliance Determination

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

The Webb County Detention Center houses adult male and female detainees only and does not house youthful offenders; therefore, this standard is not applicable to this facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

115.15 (a): Based on review of policy 14-2, pages 15 & 16, section J, and policy 9-5, cross-gender detainee strip searches shall not be conducted except in exigent circumstances. In 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 detainees. If cross-gender strip searches are performed, the searches will be documented in the 5-1 Incident Report using form 5-1B, *Notice of Administration*.

115.15 (b): Cross gender pat searches of female detainees by male employees is prohibited except in exigent circumstances. According to information provided on the Pre-Audit Questionnaire, since the last PREA audit, there were no pat searches of female detainees conducted by male staff. The facility does not restrict female detainees' access to regularly available program in order to comply with this provision. There is always male and female staff on duty at all times. Female detainees interviewed confirmed there is always female staff present to pat search them. Random staff interviewed confirmed this information.

115.15 (c): If a cross-gender pat search of a female detainee or cross-gender strip search of any detainee occurs, the search is to be documented on the 5-1B, *Notice to Administration*. According to information reported on the Pre-Audit Questionnaire, there have been no of cross-gender pat searches of detainees in the past 12 months.

115.15 (d): The facility has policies and procedures in place that enable detainees to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Curtains are provided in front of the restroom and shower areas and a shower curtains are in the entry of the showers. Detainees are required to change clothing in the restroom area. Opposite gender staff are required to announce their presence when entering detainee-living areas. Announcements are required for security and non-security staff. Signs above entry doors to living areas remind opposite gender staff to make cross-gender announcements when they enter the pods. In interview of random staff, an opposite gender staff is accompanied by a staff member of the same gender of the housing unit who enters the housing area before the opposite gender staff enters. Restroom areas when viewed on camera monitors are whited out to eliminate opportunities of cross gender viewing of detainees in the state of undress.

The practice of opposite gender staff announcing their presence when they entered the housing units was observed during the site review of the facility. Detainees interviewed confirmed opposite gender staff are announcing their presence when they enter housing units and shared that they feel they have privacy when they shower, toilet and change clothing when opposite gender staff are in their housing unit.

115.15 (e): According to policy 14-2, page 16, section J-11-a, searches or physical examinations of transgender and intersex detainees for the sole purpose of determining the detainee's genital status is prohibited. If the detainee's genital status is unknown, it may be determined during conversations with the detainee, 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. There were no transgender or intersex detainees assigned to the facility during the onsite audit visit.

115.15 (f): 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 detainees. The *Search Procedures Facilitators Guide* and the *PREA Overview* were provided for review. Staff are trained on how to conduct pat-searches, including searches of transgender and intersex detainees, in a professional and respectful manner. Receipt of this training was verified through review of random staff training records and confirmed in interviews with staff who reported they receive training on search procedures annually.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: detainees who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: detainees who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: detainees who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: detainees who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: detainees who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with detainees who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to detainees who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

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

115.16 (a): Based on review of policy 14-2, page H-7-9. detainees are provided PREA education in formats accessible to all detainees, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. In interview with the Vice President, Operations Administration (agency head designee), he stated the CoreCivic corporate office provides assistance to facilities to enable them to locate potential vendors or agencies to provide support services for detainees with disabilities. Detainees who are deaf or

are hard of hearing have access to a TTY to relay PREA information to them. The TTY is located in the Case Workers' office. Detainees with low reading skills are read the *Inmate Orientation Handbook* and PREA information. The facility has identified agencies within the community that provide services for the blind, deaf and physically handicapped where detainees may be referred.

115.16 (b): The agency takes steps to ensure detainees who are limited English proficient have access to all PREA information in a format they can understand. Detainees view the *PREA: What You Need to Know* video, available in both English and Spanish, and receive an *Inmate Orientation Handbook*, a CoreCivic pamphlet (14-2AA) and a *Right to Report* handout, all available in English and Spanish. All posted information is in both English and Spanish. The majority of staff speak Spanish and the facility has identified staff members on each shift who are proficient in Spanish who are available to provide translation for Spanish-speaking detainees. A contract with Language Line Services is used for the translation of any other languages.

When interviewed the Vice President, Operations Administration (agency head designee), stated the agency maintains a comprehensive contract with Language Line Services and some facilities even have an MOU with organizations in the communities to provide translation services when needed.

115.16 (c): The agency prohibits use of detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances. For all other translation services, staff translators or Language Line Services are utilized. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no instances where detainees were used for this purpose. Random staff interviewed knew that the agency prohibits using detainees for this purpose.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with detainees, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with detainees, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

115.17 (a): Per policy 14-2, pages 5, section B, the agency prohibits hiring or promoting anyone who may have contact with detainees, or to enlist the services of any contractor, 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 engage in these activities.

115.17 (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 detainees. This practice was confirmed in interview with the Human Resource Manager.

115.17 (c): The agency requires that before hiring new employees a criminal background check be conducted. Criminal background checks for applicants, contractors and volunteers are performed by ICE. An effort is made 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. The *PREA Questionnaire for Prior Institutional Employers (3-20-2B)* is used to solicit prior employment information. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were criminal background checks performed on 27 new hires and seven contractors.

115.17 (d): Per page 5, section B-3-b, of CoreCivic's policy 14-2, criminal background checks are performed before enlisting the services of any unescorted contractor who may have contact with detainees.

115.17 (e): Criminal background checks are conducted at least every five years on all employees and contractors. Random review of employee and contractor records confirmed this practice.

115.17 (f): All applicants, employees and unescorted contractors are asked about previous misconduct. According to agency policy 14-2, the 14-2 H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2 H) is completed as part of the hiring process, when an employee is being considered for a promotion and annually. Employees have a continuing affirmative duty to disclose any sexual misconduct. Due to the finding in review of 14 employee and five contractor human resource files, 14-2H forms are being completed as required as part of the hiring process and when an employee is being considered for a promotion, but not being completed annually. The facility did not meet compliance to this provision of this standard and entered into a 45-day corrective action period. The recommended corrective action to achieve compliance to provision 115.17(f) is as follows:

Recommended Corrective Action Plan:

- The Human Resource Manager ensure all current employees and contractors complete a *Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H)* form.
- Once completed, forward to me a current roster of employees and contractors.
- From these rosters, I will select a random sample and will ask the 14-2H forms for employees and contractors selected be forwarded to the me for my review.
- The Human Resource Manager is to establish a process of when 14-2H forms will be completed annually.

Corrective Action Taken:

- On 5/20/21, the PREA Compliance Manager forwarded a roster of all current employees and stated that between 5/4/21 and 5/19/21 all employees had completed 14-2H forms.
- Twenty employee names were selected from the roster and 14-2H forms for these 20 employees were requested to be forwarded to me for my review.
- The 14-2H forms for the 20 employees were received on 5/20/21 and reviewed and found to have completed 14-2H forms.
- On 5/20/21, 14-2H forms for five contractors were requested.
- On 5/24/21, contractor 14-2H forms were received and reviewed.
- On 5/24/21, the Human Resource Manager e-mailed that moving forward in July each year during the time of performance evaluations, all employees and contractors will complete a 14-2H.

In completion of the Corrective Action Plan and in review of the corrective action taken, the facility was found to achieve compliance to provision 115.17 (f) of this standard.

115.17 (g): Material omissions regarding sexual misconduct or giving false information are grounds for termination.

115.17 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer that the employee has applied for work.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

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

Auditor Overall Compliance Determination

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

115.18 (a): Based on policy 14-2, pages 8 & 9, 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 detainees from sexual abuse. In interview with the Vice President, Operations Administration (agency head designee), he stated during

acquisitions, the staff making the site visits develop a preliminary assessment and the PREA Coordinator is involved in the review of the physical plant issues. At existing facilities, a form 7-1B, *PREA Physical Plant Considerations* is used to ensure PREA is considered when initiating a renovation/new construction. According to information provided on the Pre-Audit Questionnaire and in interview with the Warden, since the last PREA audit there were no expansions or modifications of the existing facility and the facility has not acquired any new facilities.

115.18 (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 detainees from sexual abuse. In interview with the Warden and on information provided on the Pre-Audit Questionnaire, since the last PREA audit the facility there were two new cameras installed in the medical area. The Warden also shared the purchase of 10 additional cameras has been approved in the 2021 Cap-EX budget.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

115.21 (a): According to policy 14-2, page 27, section O, CoreCivic and the Webb County Detention Center are responsible for conducting administrative sexual abuse investigations on both detainee-on-detainee and staff sexual misconduct. The agency and the facility follow a uniform evidence protocol that maximizes the potential for obtaining usable physical for administrative proceeding and criminal prosecutions in accordance with agency policy 13-79, *Sexual Assault Response*. A *Rape /Sexual Assault Protocol* (attachment 13-79A form) outlines the steps to be taken if the incident occurred within 72 hours or if the incident occurred more than 72 hours. Random staff interviewed were aware of the protocol for preserving usable physical evidence.

115.21 (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.

115.21 (c): The facility offers all detainees who experience sexual abuse access to forensic medical examinations. Forensic exams are not conducted at the facility. Victims of sexual abuse are transported to the Doctor’s Hospital Laredo where SANE nurses are available. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were no forensic exams conducted.

115.21 (d): The facility has an MOU with the Rape Crisis Center. The terms of the MOU provide detainee victims of sexual abuse with victim advocacy and emotional support and a 24-hour reporting/advocacy hotline. The MOU was provided for review.

115.21 (e): Per CoreCivic policy 14-2, page 27, section O-4-c, victim advocates are provided to victims of sexual abuse as requested by the victim. The Rape Crisis Center provides advocates to accompany the victim through the forensic exam process, per terms of the MOU and in conversation with the Rape Crisis Center’s Director of programs, advocates would be called from the hospital and would respond within a 45-minute timeframe to the hospital.

115.21 (f): Facility Investigators conduct administrative investigations and allegations that appear to be criminal are referred to the Laredo Police Department.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.22 (a): Policy 14-2, pages 26 & 27, sections N & O, outlines the agency’s policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. Allegations are reported and reviewed in accordance with the procedures outlined in agency policy 5-1, *Incident Reporting*. According to information reported on the Pre-Audit Questionnaire, in the past 12 months there was one allegation of Inmate-on-Inmate Sexual Harassment reported and administratively investigated. There were no allegations of sexual abuse reported.

In interview with the Vice President, Operations Administration (agency head designee), he stated it is CoreCivic’s policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies and that all administrative investigations are investigated by CoreCivic investigators who have received specialized PREA training.

115.22 (b): According to page 27, section O-1 of policy 14-2, if an allegation of sexual abuse or sexual harassment appears to be criminal, the allegation is referred to for investigation to an agency or entity with the legal authority to conduct criminal investigations. In interview with the facility investigator, he reported all referrals of allegations of sexual abuse or sexual harassment that appear to be criminal are referred to the Laredo Police Department for criminal investigations and documented.

The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<http://corecivic.com/security-operations/prea>).

115.22 (c): Information about investigations published on the agency website, describes the responsibilities of the agency and the investigating entity.

In review of the investigative file of the one allegation reported in the past 12 months and in interview of the facility Investigator, the agency/facility is ensuring that all allegations of sexual abuse and sexual harassment are being investigated in accordance with the agency policy and the PREA standards.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with detainees on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with detainees received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

115.31 (a): Policy 14-2, page 6, section C addresses the agency's requirements of employee training. All CoreCivic employees receive training on the agency's zero-tolerance policy (14-2) for sexual abuse and sexual harassment at pre-service and annually at in-service. Employees receive a *CoreCivic Code of Ethics*, which contains PREA information on pages 38 and 39.

The *PREA Overview Facilitator Guide* and the *Participant Guide* were provided for review. The training, completed by employees at pre-service and annually in in-service training, were found to include information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the detainees right to be free from sexual abuse and sexual harassment, the rights of detainees 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 detainees, how to communicate effectively and professionally with LGBTI detainees and how to comply with relevant mandatory reporting laws. In interview with random and specialized staff, they confirmed receiving the training and confirmed the training addressed these topics.

In interview with the Learning and Development Manager, the pre-service and in-service PREA training is two hours of classroom instruction. During pre-service and annual in-service classroom instruction employees view the video on cross gender pat searches and searches of transgender and intersex detainees as part of the Search Procedures training.

115.31 (b): The training is tailored to meet the needs of both male and female detainees. Between trainings, employees are provided with continuing PREA information if any new policies are implemented or if there are changes to any policies.

115.31 (c): In information provided on the Pre-Audit Questionnaire, In the past 12 months, 140 employees of the Webb County Detention Center completed required PREA training. The Learning and Development Manager reported 2021 PREA training was completed in the month of February.

115.31 (d): Upon completing the training staff sign a *CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement* form (14-2A) acknowledging that they have reviewed agency policy 14-2 and have completed and understood the PREA training provided and sign a *Training/Activity Attendance Roster* (4-2A). In review of random employee training records, this documentation is maintained by the facility.

In review of the training records of 14 employees, the records were found to be complete with all necessary documentation showing required PREA training at pre-service and annually as part of the in-service training. Records of employees assigned to the facility since the last PREA audit had documentation of PREA training each year since the last audit.

Staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero-tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. It was evident by the knowledge all staff have of the policy and procedures to follow as outlined in policy 14-2, the facility was found to exceed in the requirements of this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with detainees been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with detainees)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.32 (a): CoreCivic policy 14-2, pages 7, section C-8, outlines the training requirements for contractors and volunteers. The objectives of the trainings ensure volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents.

Volunteer PREA training is offered by the Chaplain. Agency policy 22-1, *Volunteer Services Management* addresses the requirements of this training. Volunteers must attend one of these training sessions before being allowed access to the facility and attend annual volunteer training. Volunteers complete the *PREA Overview for Contractors and Volunteers*, which was provided for review. They will be trained using the *Volunteer Training Topic Matrix (22-1AA)*, which includes one hour of PREA instruction by the Chaplain. The facility has not had volunteer training since 2019 due to the pandemic, therefore, the *Volunteer Training Matrix* has not been implemented. Contractors receive the same training as employees do at pre-service and annually at in-service.

115.32 (b): The level and type of training provided to contractors and volunteers is based on the services they provide. Contractors sign a *PREA Policy Acknowledgement and/or Training Acknowledgment* form (14-2A) and volunteers sign a *Volunteer Agreement* form (22-1B), agreeing to abide by the policies and procedures of CoreCivic and sign a 22-1C, *Volunteer Code of Ethics*.

115.32 (c): In review of five volunteer and five contractor-training records, the facility maintains documentation of training for volunteers and contractors. In review of five contractor files, contractors are receiving the same PREA training as employees. Due to the COVID-19 pandemic, volunteers have not been allowed access to the facility since March 2020. Five volunteer records were reviewed and all showed completion of volunteer training in 2019, which was the last time volunteer training was offered.

The facility currently has 29 religious volunteers and 7 contractors. In interview with two contractors, they confirmed receiving PREA training and were knowledgeable of their PREA-related responsibilities. One Trinity Food Service contractor, stated Trinity also offers PREA training to its employees. There were no volunteer interviews conducted.

Standard 115.33: Detainee education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

115.33 (a): Based on CoreCivic's policy 14-2, page12, section H, all detainees receive information at the time of intake 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, 881 detainees admitted to the Webb County Detention Center received PREA information upon intake. Of that number, 246 detainees whose length of stay was for 30 days or more received comprehensive PREA education. In interview with random detainees, they reported receiving an *Inmate Orientation Handbook*, a CoreCivic pamphlet (14-2AA) and a *Right to Report* handout and viewing a PREA video, upon intake to the facility. R & D Detention Officers interviewed confirmed this information is provided to detainees on their day of arrival to the facility.

115.33 (b): Three times a week (Monday, Wednesday, Friday) the *PREA What You Need to Know* video is played at 11 a.m. in all dorms in English and Spanish. Random detainees interviewed confirmed viewing the PREA video upon arrival to the facility and during the week in their pod.

115.33 (c): Webb County Detention Center detainees who transfer from another facility receive the same PREA education as all detainees assigned to the facility.

115.33 (d): Detainees are provided PREA information in formats accessible to all detainees. Written PREA information and posted information is provided in both English and Spanish. The PREA video is shown in both English and Spanish. Bilingual staff provide detainees translation for Spanish speaking detainees and Language Line Services is used for the translation of any other languages.

115.33 (e): In review of 16 detainee-training records, detainees sign a *Webb County Detention Center Receiving and Discharge Checklist* acknowledging receiving the *Inmate Orientation Handbook*, the Core Civic brochure (14-2AA) and the *Right to Report* handout. This documentation of PREA education is maintained by the facility.

115.33 (f): In addition to providing PREA education to all detainees, PREA information is posted in various locations throughout the facility in English and Spanish providing ongoing PREA

information be continuously available to detainees. Town Hall Meetings are held weekly in all living areas where PREA is discussed each week.

Random detainees interviewed, both formally and informally, were aware of the zero-tolerance policy and the methods of reporting sexual abuse and sexual harassment available to them. The facility was found to exceed in the requirements of this standard as evident by the random detainee record review and in the response of detainees to interview questions and by the facility's efforts to provide training opportunities to detainees continuously through posted PREA information, weekly Town Hall Meetings and opportunities for detainees to view the *PREA: What You Need to Know* video in their pods three times a week.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.34 (a): Based on CoreCivic's policy 14-2, pages 6 & 7, 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.

115.34 (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 was verified in review of the training *PREA: Investigation Protocols* training curriculum provided for review. The training is a three-hour online training in Relias Learning. The Webb County Detention Center has one facility Investigator who completed *PREA: Investigation Protocols* on 7/4/19.

115.34 (c): Electronic documentation of the investigator's completed specialized training and a certificate of completion is being maintained by the facility and was provided for review. The facility also maintains documentation of the general PREA training provided to all employees that the facility Investigator completed. Documentation of general PREA training was provided for review.

When interviewed, the facility Investigator knew his responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and his responsibility for referral of any allegations that appear to be criminal to the Laredo Police Department.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual

abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

115.35 (a): According to policy 14-2, pages 6 & 7, sections 6 & 7, in addition to the general training provided to all employees, all full and part-time medical and mental care practitioners receive specialized medical training. The curriculum for this training was provided for review and found to include how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and sexual harassment.

115.35 (b): This provision of the standard is not applicable to this facility. Medical staff do not perform forensic examinations. SANE examinations are performed at the Doctors Hospital of Laredo.

115.35 (c): Medical and mental health care staff complete online *PREA Specialty Training for Medical and Mental Health* and completion of this training is maintained electronically. On information reported on the Pre-Audit Questionnaire, 100% of healthcare employees completed this training. This was also verified in an electronic report of completion of this training requested from the Learning and Development Manager and in review of random healthcare staff training records.

115.35 (d): Medical and mental health staff also receive the general PREA education provided to all employees as was, verified in random review of training records of medical and mental health staff.

The Acting HSA and the Mental Health Coordinator interviewed verified receiving this training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve the physical evidence.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (1) Whether the detainee has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (2) The age of the detainee? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (3) The physical build of the detainee? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (4) Whether the detainee has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (5) Whether the detainee's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (6) Whether the detainee has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (7) Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the detainee about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the detainee is gender nonconforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (8) Whether the detainee has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (9) The detainee's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization: (10) Whether the detainee is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

- Is it the case that detainees are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees? Yes No

Auditor Overall Compliance Determination

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

115.41 (a): Detainees are screened for their risk of being sexually abused or sexually abusive towards others according to policy 14-2, pages 10 & 11, section G. The intake screening is completed to obtain information relevant to housing, cell, work, education and program assignments. The Detention Officers in R & D, who are responsible for screening detainees upon arrival to the facility, and Detention Officers designated as Case Workers, who are responsible for 30-day reassessments, explained the screening process during interview.

115.41 (b): Intake screening shall ordinarily take place within 72 hours of arrival at the facility. At the Webb County Detention Center intake screening is completed within 24 hours of arrival to the facility, exceeding in the requirements of this provision of this standard. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 1297 detainees admitted to the facility were screened within 24 hours for their risk of sexual victimization and abusiveness. Detainee interviewed confirmed being screened on the first day of arrival to the facility.

115.41 (c): The CoreCivic *Sexual Abuse Screening Tool* (14-2B), an objective screening tool, is completed electronically in the Offender Management System (OMS) for all incoming detainees.

115.41 (d): In review of the screening tool, it was found to consider all of the criteria required in this provision of this standard. The Detention Officers and Case Workers interviewed confirmed what information the 14-2B screening tool contains.

115.41 (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 detainees for risk of being sexually abusive, as confirmed by interview of Detention Officers and Case Workers.

115.41 (f): According to policy 14-2, page 11, section G-13-f, within 30 days of arrival to the facility, detainees are rescreened using the 14-2B by a Case Worker. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 246 detainees assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness. The facility tracks the dates of initial and 30-day screenings on an OMS *PREA*

Completion report. In interview with a Case Worker, she thought the assessment was to be completed on the 30th day or as close to the 30th day if it fell on a weekend or holiday. In review of 16 detainee records, five 30-day reassessments were conducted 31 days and one 32 days after the detainees' arrival to the facility. Agency policy 14-2, page 11, section G-13, notes 30-day reassessments may be completed within 24-30 days of the detainee's arrival to the facility. It was recommended the Case Workers conduct the 30-day reassessments earlier in the week shown on the *OMS PREA Completion* report to ensure 30-day reassessments are timely.

115.41 (g) A detainee'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 detainee's risk of sexual victimization or abusiveness. In review of the one investigative file, the alleged victim was rescreened following the report of the allegation of Inmate-on-Inmate Sexual Harassment. In addition, the Case Worker responsible for Retaliation Monitoring took it upon herself to rescreen the alleged victim each time she met with her to monitor her for retaliation.

115.41 (h): Detainees are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.

115.41 (i): Screening information is maintained in the detainee files secured in the R & D office. The Warden, Assistant Warden, Chief of Security, Shift Supervisors, Assistant Shift Supervisors, R & D Officers, R & D Records Clerk, Case Workers, Mental Health staff, Chaplain, Quality Assurance, members of SART and Recreation Supervisor are authorized personnel having access to detainee files.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex detainees, does the agency always refrain from placing: lesbian, gay, and bisexual detainees in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I detainees pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex detainees, does the agency always refrain from placing: transgender detainees in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I detainees pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex detainees, does the agency always refrain from placing: intersex detainees in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I detainees pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

115.42 (a): According to policy 14-2, pages 13 & 14, section I, the agency uses the information from the risk screening form to make housing, bed, work and program assignments with the goal of separating detainees at high risk of being sexually victimized from detainees at high risk of being sexually aggressive.

115.42 (b): Individualized determinations are made about how to ensure the safety of each detainee. In interview with the PREA Compliance Manager, Case Workers and R & D Detention Officers, they explained how the facility utilizes information from the screening to keep detainees safe from sexual abuse. Those who score to be at risk for victimization or abusiveness are tracked on an *OMS PREA Alert Roster* to ensure victims and predators are kept separate. In review of the *PREA Alert Roster*, the facility is housing detainees appropriately.

115.42 (c): Guidelines on housing and program assignments for the management of transgender and intersex detainees are outlined in policy 14-2, page 14, section I-7. In deciding whether to assign a transgender or intersex detainee to a facility for male or female detainees, CoreCivic considers on a case-by-case basis whether the placement would ensure the detainees' health and safety and whether the placement would present management or security problems. Following the identification of a transgender or intersex detainee at intake, the detainee is referred within 24 hours (excluding weekends and holidays) to the Sexual Abuse Response Team (SART) for assessment. According to CoreCivic policy, 14-9, *Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities*, the SART uses the *CoreCivic Assessment and Treatment Plan* form to assess medical, psychological, housing

and other needs of the detainee. In interview with the PREA Compliance Manager, the HSA, RN, Mental Health Coordinator and a Case Worker are the members of SART who assess transgender and intersex detainees.

115.42 (d): Transgender and intersex detainees are reassessed at least twice a year to review placement and programming assignments and any threats to safety experienced by the detainee and at any time additional relevant information obtained. Members of SART reassess the transgender and intersex detainees using the *CoreCivic Assessment and Treatment Plan* form. In the past 12 months, there were no transgender and intersex detainees assigned to the facility.

115.42 (e): Transgender and intersex detainees' own view of his or her safety is given serious consideration.

115.42 (f): According to agency policy, transgender and intersex detainees are given the opportunity to shower separately from other detainees. In interview with the PREA Compliance Manager and members of SART, transgender and intersex detainees would be allowed to shower separately in medical during intake and shower in an empty pod.

115.42 (g): The agency does not place lesbian, gay, bisexual, transgender, intersex or gender non-conforming detainees in dedicated facilities, units or wings solely based on such identification. At the time of the onsite audit visit, there were no detainees who self-disclosed being transgender or intersex.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do detainees who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.43 (a): According to policy 14-2, pages 14 & 15, section I-8, and policy 10-1, *Segregation/Restrictive Housing Management*, pages 8 & 9, section A-6-b-ii, involuntary segregated housing may be used to house detainees at high risk for sexual victimization only after an assessment of all available housing alternatives has shown that there are no other means of protecting the detainee. If an assessment cannot be made immediately, the detainee may be placed in involuntary segregated housing for no more than 24 hours. In interview with the Warden, he confirmed the policy prohibits placing detainees at high risk of sexual victimization or who alleged sexual abuse in involuntary segregated housing unless there are no available means to separate them from potential abusers. On information provided on the Pre-Audit Questionnaire and in interview with the Warden, in this audit cycle no detainees were placed in involuntary segregated housing due to being at high risk for sexual victimization.

115.43 (b): Detainees placed in segregated housing for this purpose will have access to programs, privileges, education and work opportunities and if not provided the facility will document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations. In interview of Recreation Supervisor who oversees RHU, she reported detainees at risk of victimization would not be placed in involuntary segregated housing.

115.43 (c): The policy further states that if involuntary segregated housing is used for the safety of the detainee as a means of separation, it can be used for a period not to exceed 30 days and documented the basis for the use of involuntary segregated housing and the reason why no alternative means of separation could be arranged.

115.43 (d): If an involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the detainee's safety and the reason why no alternative means of separation can be arranged.

115.43 (e): If necessary, to house a detainee in involuntary segregated housing for more than 30 days, a review of the detainee's status must be conducted every 30 days to determine whether there is a continuing need for separation from general population.

REPORTING

Standard 115.51: Detainee reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for detainees to privately report sexual abuse and sexual harassment? Yes No

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

115.51 (a): Policy 14-2, pages 17-18, section K-1, outlines the procedures for detainee reporting of allegations of sexual abuse and sexual harassment, retaliation by other detainees or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Detainees are informed of the zero-tolerance policy and methods of reporting in the *Inmate*

Orientation Handbook, in CoreCivic's 14-2AA pamphlet and the *Right to Report* handout and continuously through posters displayed throughout the facility in both English and Spanish. To report allegations internally, detainees can verbally report to any employee, including the PREA Compliance Manager or the facility Chaplain. They can report in writing by submitting a request to medical or mental health staff during sick call. They can also forward a letter to the Warden or any facility staff in a sealed envelope marked "confidential". Detainees are made aware that someone outside of the facility, such as a family member or friend, can call or write the facility to report for them. Detainees and staff interviewed were aware of detainee reporting options.

115.51 (b): Detainees 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. Detainees can dial "9" on a detainee phone and dial "2" to make an anonymous toll-free call to the Office of Inspector General (OIG). They can also call 1-800-656-4673 to reach the RAINN, the National Sexual Assault Hotline or 1-844-252-7273 to reach the Rape Crisis Center. They are also given the mail address for the Rape Crisis Center. Detainees detained at the Webb County Detention Center solely for immigration purposes are provided with the Consular official contact information and contact information for officials of the Department of Homeland Security. This information is provided in the housing units and on bulletin boards.

115.51 (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 19, section K- 2 of policy 14-2. Staff interviewed knew the reporting options for detainees and knew verbal reports must be documented.

115.51 (d): Employees, contractors and volunteers may privately report sexual abuse and sexual harassment of detainees in writing or may contact the CoreCivic's Ethics and Compliance Hotline at 1-866-757-4448 or through their website at www.corecivic.com/ethics.com. Reporting methods can be found on the CoreCivic website and in the CoreCivic's *Code of Ethics*, pages 16 & 17. Staff are informed of the Ethics Line on posters. Employees can also report in writing to the Warden in a sealed envelope marked "Confidential".

Detainees interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of detainees by calling the agency's Ethics and Compliance hotline, reporting on the ethics line website and by in writing confidentially to the Warden.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address detainee grievances regarding sexual abuse. This does not mean the agency is exempt simply because a detainee does not have to or is not

ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: A detainee who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

115.52 (e)

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

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a detainee is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a detainee is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the detainee is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

CoreCivic does not use the grievance process to resolve allegations of sexual abuse and sexual harassment. PREA allegations received as a grievance are submitted to the facility Investigator or to the Administrative Duty Officer. On information provided on the Pre-Audit Questionnaire and in interview with the Recreation Supervisor, who is responsible for processing grievances, in the past 12 months there were no grievances received alleging sexual abuse or sexual harassment.

Standard 115.53: Detainee access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

- Does the facility inform detainees, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

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

Auditor Overall Compliance Determination

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

115.53 (a): Policy 14-2, page 9, section F, outlines the agency’s policy on providing detainees with access to outside victim advocates for emotional support services related to sexual abuse. Detainees are given the mailing address and the toll-free hotline number for The Rape Crisis Center. Detainees can call 1-844-252-7273 or contact them in writing at PO Box 27062, San Antonio, TX to report allegations of sexual abuse and sexual harassment or to request victim advocacy and confidential emotional support services. Detainees are informed they may remain anonymous upon request. Detainees are informed of this information in the *Inmate Orientation Handbook*, the CoreCivic 14-2AA brochure and in the *Right to Report* handout. This information is continuously available to detainees on posted information in living areas and in various locations throughout the facility. In interview with random detainees, they were aware of these services and how to access them.

115.53 (b): Detainees 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.

115.53 (c): The facility has an MOU with the Rape Crisis Center to provide detainees with confidential emotional support services. The MOU was provided for review and contact was made with Executive Director of the agency to confirm and discuss the terms of the MOU.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

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

115.54 (a): The agency has a method to receive third-party reports of sexual abuse and sexual harassment. According to CoreCivic policy 14-2, page 19, section-2-h & i, CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment, including anonymous reports to CoreCivic’s 24-hour Ethics Line at 1-866-757-4448 or through CoreCivic’s Ethics Line website at www.CoreCivic.ethicspoint.com. Information on third party reporting can be found on CoreCivic’s website at www.CoreCivic.com. Detainees, employees, contractors and volunteers are made aware of this method of reporting in the in the *Inmate Orientation Handbook* and on posted PREA information. Detainees and staff interviewed were knowledgeable of this method of reporting.

OFFICIAL RESPONSE FOLLOWING A DETAINEE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

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

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

115.61 (a): Based on agency policy 14-2, page 19, section K-2- a, c, and e, 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 Investigator any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against detainees 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 *PREA Overview* training curriculum addresses this information during pre-service and in-service training.

115.61 (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 information was to remain confidential.

115.61 (c): Medical and mental health professionals are required to follow reporting procedures and are to inform detainees of their professional duty to report and the limitations of confidentiality. They are also required to obtain consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting. The required specialized training for medical and mental health addresses this requirement. In interview of the HSA and the Mental Health Coordinator, they were able to confirm they obtain consent from detainees and inform them of their duty to report information about prior sexual victimization.

115.61 (d): The Webb County Detention Center houses adult male and female detainees, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute as verified by interview with the Warden. In interview with the PREA Coordinator he explained the agency does not house detainees under the age of 18. 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. When interviewed the Warden stated he would check with the Laredo Police Department if this were to occur.

115.61 (e): The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the facility Investigators and to the Laredo Police Department. Interview with staff revealed that 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.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

115.62 (a): When the agency/facility learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee. Policy 14-2, page 1, paragraph 2 and page 19, section 2-c and staff training require that when it is learned that a detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the detainee.

In interview with the Vice President, Operations Administration (agency head designee), he stated that staff immediately take action protect the detainee by removing the detainee from the area and/or individuals where risk may be stemming from and immediately initiate an investigation.

In interview with the Warden 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 regards to a detainee being at substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a detainee was at risk for sexual abuse. All staff carry with them a First Responder Card reminding them of the actions to take in the event they are a first responder to an allegation of sexual abuse.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that a detainee was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

115.63 (a): CoreCivic policy 14-2, pages 24 & 25, section 17 was used to verify compliance to this standard. Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the Warden shall notify the head of the facility where the sexual abuse was alleged to have occurred.

115.63 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. In information provided on the Pre-Audit Questionnaire, there were no allegations reported from detainees formerly assigned to the Webb County Detention Center alleging abuse while assigned to other facilities.

115.63 (c): The facility should document on the 5-1B, *Notice to Administration* form that notification was provided.

115.63 (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 with the Vice President, Operations Administration (agency head designee) he stated the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the information received occurred within the CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified. In the past 12 months, the facility has not received any notification from other facilities reporting sexual abuse by a former detainee of this facility. In interview with the Warden, he stated if he receives a notification of an allegation from a detainee of sexual abuse that occurred at another facility, he knows he is required to make notification to the facility where the abuse was alleged to have occurred within 72 hours of receiving the allegation.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

115.64 (a): CoreCivic policy 14-2, pages 20 & 21, M- 2-6, outlines the procedure for first responders to allegations of sexual abuse whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first staff member to respond 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 time frame that allows for the collection of physical evidence, staff shall ensure that the alleged victim and abuser do not wash, shower, toilet, eat, drink or brush his teeth. The first responder is to ensure the alleged victim is taken to the facility Health Services Department for evaluation and stabilization and notify the highest supervisory authority on-site. In the past 12 months, there were no allegations of sexual abuse reported.

115.64 (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.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Staff 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 that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve the physical evidence. In interview with random security and non-security staff, they were knowledgeable of their responsibilities in response to allegations of sexual abuse.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.65 (a): Policy 14-2, pages 19 & 20, section L, outlines the facility's coordinated response to an incident of sexual abuse. A Sexual Abuse Response Team (SART) is established at the facility that includes the PREA Compliance Manager, the Health Services Administrator, Mental Health Coordinator, a Shift Supervisor and the Chaplain. It is the responsibility of the SART to carry out the coordinated response plan.

The 14-2 policy, pages 19 - 23, sections L & M is the facility's coordinated response plan and outlines the responsibilities of the SART to ensure coordination of actions to be taken in response to an allegation of sexual abuse. A *Sexual Abuse Incident Check Sheet* (14-2C) 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 First Responder Card to remind them of their response and their responsibilities to an incident of sexual abuse. Interviews with the Warden and members of the SART revealed that they know their responsibilities in carrying out the coordinated response plan.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.66 (a): CoreCivic policy 14-2, page 31, section g-i, 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 detainees 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.

According to information provided on the Pre-Audit Questionnaire, since the last PREA audit, the Webb County Detention Center has not entered into or renewed any collective bargaining agreements that limits the agency's ability to remove alleged staff sexual abusers from contact with detainees pending the outcome of an investigation. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with detainees pending the outcome of an investigation.

In interview with the Vice President, Operations Administration (agency head designee) at an earlier date, he stated all collective bargaining agreements permit CoreCivic to remove alleged staff sexual abusers from contact with a detainee pending an investigation or disciplinary action.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of detainees or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any detainee disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor detainee housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor detainee program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.67 (a): CoreCivic has as policy to protect detainees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff as outlined on page 23 & 24, section 16. The agency has multiple protection measures, such as housing changes or transfers for detainees, victims or abusers, removal of alleged staff or detainee abusers from contact with victims. Staff are informed on page 19 of the *CoreCivic Code of Ethics* that they have a right to be free from retaliation.

A Case Worker has been designated to monitor detainees and staff for retaliation. Monitoring is documented on the 14-2-D, *PREA Retaliation Monitoring Report*.

115.67 (b): Multiple protection measures, such as housing changes, or transfers of detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims are taken. In interview with the Vice President, Operations Administration (agency head designee), the PREA Compliance Manager and the Case Worker, they explained what protection measures are taken to protect detainees and staff from retaliation.

115.67 (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. Emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. In interview with the Case Worker, she explained the process and time frames of retaliation monitoring and the things she would be looking for to determine if retaliation may be occurring.

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

115.67 (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.

115.67 (f): The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

According to documentation provided on the Pre-Audit Questionnaire, in interview with the Case Worker and the and in review of the investigative file, no incidents of retaliation have occurred in the past 12 months. When interviewed the Warden stated if he suspected retaliation, he would notify the facility investigator to conduct an investigation.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

115.68 (a): The agency/facility prohibits detainees who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing were used, the same provisions as the requirements of standard 115.43, outlined on pages 14 & 15, section 8 of policy 14-2 would apply. Detainees at high risk for sexual victimization can be placed in involuntary segregated housing only after an assessment of all available housing alternatives has shown that there are no other means of protecting the detainee. If an assessment cannot be made immediately, the detainee may be placed in involuntary segregated housing for no more than 24 hours.

In information provided on the Pre-Audit Questionnaire and in interview of the Warden and Recreation Supervisor who oversees the RHU, in the past 12 months, there were no detainees who suffered sexual abuse at this facility. They both stated involuntary segregated housing would not be used to house an alleged victim.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as detainee or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

115.71 (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 Investigator is responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the Webb County Detention Center. Administrative allegations are required to be conducted promptly, thoroughly and objectively. The agency's policy on administrative investigations is outlined in CoreCivic's policy 14-2, pages 26 & 27, sections N-4-9. In interview with the facility Investigator, he knew his responsibilities in the conduct of administrative investigations.

115.71 (b): The facility has one trained Investigator who have received specialized training in sexual abuse and sexual harassment investigating. Documentation provided showed that the Investigator completed *PREA: Investigation Protocols* training.

115.71 (c): The investigator gathers and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of investigator, he reported he interviews the alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.71 (d): Allegations involving staff or detainees that appear to be criminal are referred to the to the Laredo Police Department and to USMS OIG. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors.

115.71 (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 detainee or a staff. The agency does not require a detainee who alleges sexual abuse to submit to a polygraph test. This was confirmed in interview with the facility Investigator.

115.71 (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 in the *Incident Investigative Report (5-1G)* via the IRD. 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.

115.71 (g): The Laredo Police Department or USMS OIG conduct criminal investigations. A criminal investigation is documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

115.71 (h): Substantiated allegations that appear to be criminal shall be referred for prosecution. On information provided on the Pre-Audit Questionnaire, since the last PREA audit there were no allegations referred for prosecution.

115.71 (i): CoreCivic retains all written reports pertaining to 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 *CoreCivic Retention Schedule (1-15 B)*.

115.71 (j): If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If a detainee abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues.

115.71 (k): The Laredo Police Department and USMS OIG conduct investigations pursuant to the requirement of the provisions of this standard.

115.71 (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, the Warden, the PREA Compliance Manager and the facility Investigator,

they all stated they stay in contact with outside investigators. In interview, the Warden stated the facility Investigator would call or e-mail the Laredo Police Department or ask the client to make contact for an update on the status of a criminal investigation.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Based on CoreCivic's policy 14-2, pages 27, 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 Investigator was asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency's policy.

Standard 115.73: Reporting to detainees

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

- Following a detainee's allegation that he or she has been sexually abused by another detainee, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a detainee's allegation that he or she has been sexually abused by another detainee, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.73 (a): Policy 14-2, pages 29 & 30, section R, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a detainee, the detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. It is the responsibility of a designated Case Worker to prepare this notification and present the notice to the victim. In interview with the Warden, the PREA Compliance Manager and the Case Worker, they confirmed this requirement. In information provided on the Pre-Audit Questionnaire, there were no sexual abuse allegations reported in the past 12 months.

115.73 (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 detainee. In the last 12 months, there were no sexual abuse investigations completed by an outside agency.

115.73 (c): The policy further states that following a detainee's allegation that an employee has committed sexual abuse against the detainee; the facility is required to inform the detainee of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The detainee will be informed if the staff member is no longer posted within the detainee'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.

115.73 (d): Following a detainee's allegation that another detainee sexually abused him, the agency shall inform the detainee of the outcome of the investigation. The detainee 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.

115.73 (e): All notifications or attempted notifications shall be documented on the 14-2E, *Detainee Allegation Status Notification* form. The detainee signs the 14-2E and the form is filed in the corresponding investigative file. The Case Worker responsible for presenting notifications presented one to the alleged victim of the Inmate-on-Inmate sexual harassment allegation, which was found filed in the investigative file.

115.73 (f): The facility's obligation to notify the detainee shall terminate if the detainee is released from custody.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

115.76 (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, pages 30 & 31, section S-2-a-d

115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months, there were no employees who violated the agency's sexual abuse and sexual harassment policies.

115.76 (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.

115.76 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations by employees who would have been terminated if they had not

resigned, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.

From information provided on the Pre-Audit Questionnaire and in interview with the Warden, in the past 12 months, there were no staff found in violation of the agency's sexual abuse/sexual harassment policy.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with detainees? Yes No

Auditor Overall Compliance Determination

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

115.77 (a): Based on review of policy 14-2, page 31, section S-2-e-f, any civilian, volunteer or contractor who engages in sexual abuse is prohibited from contact with detainees and shall be reported to law enforcement agencies or any licensing boards, unless the activity was clearly not criminal.

115.77 (b): Any other violation of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with detainees and removal from the facility. Contractors and volunteers sign a 14-2H, *Self-Declaration of Sexual Abuse and Sexual Harassment* form acknowledging that they have a

continuing affirmative duty to disclose any changes to the questions answered on the 14-2H form.

In interview with the Warden and documentation provided on the Pre-Audit Questionnaire, in the past 12 months the Webb County Detention Center has not received any reports of sexual abuse or sexual harassment of detainees by contractors or volunteers. The Warden stated that if a volunteer or contractor violated the agency's zero-tolerance policy he would report it to the client and FSC and deny the contractor or volunteer access to the facility. If the allegation is substantiated, the contractor or volunteer would face criminal charges.

Standard 115.78: Disciplinary sanctions for detainees

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending detainee to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

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

Auditor Overall Compliance Determination

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

115.78 (a): Per policy 14-2, page 30, section S-1, detainees will be subject to disciplinary sanctions following an administrative finding that the detainee was found guilty of sexual abuse. CoreCivic's policy 15-1, *Offense and Penalty Code – Adult*, page 4, section C-20 lists acts of sexual misconduct as major offenses and policy 15-2 outlines the agency's disciplinary procedures.

According to information provided on the Pre-Audit Questionnaire and in interview with the Warden, in the past 12 months, there were no administrative or criminal findings of detainee-on-detainee sexual abuse that occurred at the facility.

115.78 (b): Sanctions commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history and the sanctions imposed for comparable offenses by other detainees with similar histories. The Warden confirmed this requirement.

115.78 (c): The disciplinary process considers whether a detainee'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 Warden, he stated a detainee's mental disability or mental illness would be considered before sanctions were imposed.

115.78 (d): In the case of sexual abuse, the alleged perpetrator is offered mental health services or can request these services through submitting a confidential sick call to the mental health department. Individual counseling services through Mental Health Services are offered to the alleged perpetrator. In interview of the Mental Health Coordinator, he said both the victim and the perpetrator would be offered services.

115.78 (e): A detainee may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.

115.78 (f): Detainees 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.

115.78 (g): Sexual activity between detainees is prohibited in all CoreCivic facilities and detainees may be disciplined for such activity. Detainees are informed that sexual misconduct is a violation against the facility's rules and regulations and what constitutes sexual misconduct. All sexual activity between detainees is prohibited and detainees are informed they will be disciplined for violations.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

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

Auditor Overall Compliance Determination

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

115.81 (a) & (c): In review of policy 14-2, page 10 & 11, section G-8 & 9, detainees identified during the intake screening at risk for sexual victimization with a history of prior sexual victimization, whether it occurred in an institutional setting or in the community shall be offered a follow-up meeting with medical or mental health within 14 days of the intake screening. Detainees at risk for sexual victimization will be identified, monitored and counseled. In interview of detainees interviewed who reported prior victimization, they all reported being referred to mental health. The R & D Detention Officers and the Case Workers explained how referrals are made. In interview with the Mental Health Coordinator, he stated a detainee who reports prior sexual victimization during screening would be seen within 24 hours of arrival, exceeding in the requirements of this standard.

115.81 (b): Detainees who have previously perpetrated sexual abuse are also offered a follow-up meeting with a mental health practitioner within 14 days of screening. In review of random detainee records those who disclosed previously perpetrating sexual abuse were referred to mental health. In interview of the Mental Health Coordinator, he stated detainees who screen to be at risk for abusiveness are seen within 24 hours of arrival just like the victims are.

115.81 (d): Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. The limits of confidentiality of mental health and medical staff are addressed in policy 13-61, page 13, section N-1 and page 4, section D-3.

115.81 (e): According to policy 14-2, page 19, section 2-g, medical and mental health practitioners obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting. The Assistant HSA and the Mental Health Coordinator when interviewed reported they would obtain informed consent before reporting information from detainees about prior sexual victimization.

In information provided on the Pre-Audit Questionnaire, in the past 12 months, all detainees admitted to the Webb County Detention Center who disclosed prior victimization or abusiveness during initial screening were offered a follow-up meeting with mental health. In interview with the Assistant HSA and the Mental Health Coordinator and in random review of detainee files of detainees who reported prior victimization or abusiveness, the facility was found to exceed in the requirements of this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do detainee victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

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

115.82 (c)

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

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

115.82 (a): Policy 14-2, page 20, section M-2 & 3, outlines the response procedures when an employee learns of an allegation of sexual abuse. The alleged victim must be kept safe with no contact with the alleged perpetrator and be immediately escorted to the Medical department. All detainee 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. In the past 12 months, there were no allegations of sexual abuse reported. Health care staff provide services in accordance with agency policy 13-79. In interview with the Assistant HSA and the Mental Health Coordinator alleged victims of sexual abuse are seen immediately when the facility learns of an allegation of sexual abuse.

115.82 (b): The medical department is staffed 24 hours a day, seven days a week. The Mental Health Coordinator is on site during the day Monday-Friday and a Mental Health Counselor is onsite. Security first responders to allegations of sexual abuse take preliminary steps to protect the victim and request the victim not take any actions that would destroy physical evidence and escort the victim to the medical department immediately.

115.82 (c): Medical staff does not perform forensic exams. Detainee victims of sexual abuse are transferred Doctors Hospital of Laredo where SANE exams are performed. Victims of sexual abuse are offered sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. This procedure as outlined in policy 13-79, was confirmed in interview with the Assistant HSA who stated a Rape/Sexual Assault protocol would be followed.

115.82 (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.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are detainee victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be detainees who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be detainees who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are detainee victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

115.83 (a): Based on interviews with the Assistant HSA and the Mental Health Coordinator, documentation provided for review, and review of policy 14-2, page 10, section M-1 the facility offers medical and mental health evaluations and treatment to all detainees who have been victimized by sexual abuse. According to policy 13-79, page 4 section A-2, upon receiving notice of alleged sexual abuse, the alleged victim will be evaluated by medical staff immediately and referred to mental health. In the past 12 months, there were no detainees of the Webb County Detention Center victimized by sexual abuse.

115.83 (b): The evaluation and treatment of victims shall include follow-up services, treatment plans and referrals for continued care following their transfer to another facility or their release from custody. If when evaluated by medical staff physical trauma is evident, the alleged victim will be transported to the local hospital, according to policy 13-79. The Assistant HSA when interviewed confirmed this practice.

115.83 (c): In interview with the Assistant HSA and the Mental Health Coordinator, the medical and mental health services offered are consistent with the community level of care.

115.83 (d): Female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy test and contraception prophylactics.

115.83 (e): If pregnancy results from the sexual abuse, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (f): Detainee victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate.

115.83 (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.

115.83 (h): In interview with the Mental Health Coordinator, the facility conducts a Mental Health Evaluation of all detainee-on-detainee abusers within 24 hours of learning such abuse history and offer treatment as appropriate. This practice exceeds the 60-day requirement of this provision of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

115.86 (a): Based on policy 14-2, pages 28 & 29, section P, the Warden will ensure that 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. It is the responsibility of the SART to conduct these reviews.

115.86 (b): The review shall occur within 30 days of the conclusion of the investigation.

115.86 (c): Members of the SART include the Warden, PREA Compliance Manager, Health Services Administrator, Mental Health Coordinator, Chaplain, and a Shift Supervisor. In interview with the Warden, he confirmed the members of the facility's SART.

115.86 (d): When reviewing an incident, the SART considers the requirements of 115.86 (d) of this standard. This 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 on the 14-2F, *Sexual Abuse or Sexual Assault Incident Review Form*, and completed forms are forwarded to the Warden and the agency's PREA Coordinator.

115.86 (e): The facility will implement the recommendations for improvement or will document reasons for not doing so.

On information provided on the Pre-Audit Questionnaire and in review of investigative files, in the past 12 months, there were no allegations of sexual abuse reported. There was one allegation of Inmate-on-Inmate Sexual Harassment that was determined to be unsubstantiated. An incident review was conducted following the completion of the investigation and was found filed in the investigative file. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its detainees? (N/A if agency does not contract for the confinement of its detainees.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

115.87 (a) & (c): Information on data collection is found on page 31, section T, of CoreCivic's policy 14-2. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. 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). How the data is reported and reviewed is in accordance with CoreCivic policy 5-1, *Incident Reporting*.

115.87 (b): At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data.

115.87 (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. All incident reports, investigative files and aggregated data is retained according to the *CoreCivic Retention Schedule (1-15B)* for 10 years.

115.87 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its detainees.

115.87 (f): Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. DOJ did not request this information from the previous calendar year according to information reported on the Pre-Audit Questionnaire.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.88 (a): Based on policy 14-2, pages 31 & 32, section T-4-8, 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 the problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the Vice President, Operations Administration (agency head designee) stated incident data is provided daily to select FSC staff in a *Daily PREA Report*. Review of PREA data is made on a daily, monthly and annual basis.

115.88 (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.

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

115.88 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted. In interview with the PREA Coordinator, he stated there are no names of staff, detainees, auditors or identifying information included in the annual report.

The annual reports prepared by the PREA Coordinator since the last PREA audit (2017, 2018 2019) were well written with easy-to-read tables according to the type of allegations and the investigative findings, 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 Annual PREA Reports provide an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, was found to exceed in the requirements of this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

115.89 (a): According to policy 14-2, page 32, section T-7-11, the agency ensures that the data collected is securely retained. All records associated with allegations of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, are retained in accordance with agency policy 1-15. At this facility, PREA files are secured in the office in the R & D unit. In interview with the PREA Coordinator, he reported that aggregated data is entered into the agency's F-1 system that is used throughout the agency. Specific facility information can only be accessed by that specific facility.

115.89 (b): 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>.

115.89 (c): Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

115.89 (d): According to the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview with the PREA Coordinator.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with detainees, residents, and detainees? Yes No

115.401 (n)

- Were detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

115.401 (a): Based on policy 14-2, page 32, section U-2, 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 initial PREA audit of this facility was in 2016.

115.401 (f): I received and reviewed all relevant agency-wide policies for the Webb County Detention 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 that USMS detainees have access to.

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 detainees 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 detainees and staff ensuring confidentiality to our conversation.

115.401 (n): Detainees were notified 60 days before the audit on 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 correspondence from any detainees assigned to the Webb County Detention Center.

115.401 (o): During the Pre-Onsite Audit Phase, I contacted the Executive Director of the Rape Crisis Center. I also contacted the Police Chief Laredo Police Department and the Emergency Room Manager of Clinical Services.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

115.403 (a): Based on policy 14.2 page 32, section-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)* and other agency policies, the policies were found to be comprehensive complying with the PREA National Standards.

115.403 (c): For each standard, I made a determination of a finding of Exceeds Standard, or Did Not Meet Standard. See page 15 for a summary of my findings for each of the PREA 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 detainee or employee information, but I can provide such information to CoreCivic or 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>.

AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison
Auditor Signature

May 24, 2021
Date