

		POLICY		Page 1 of 30	Policy Number 14-2-FRS
POLICY TITLE	SEXUAL ABUSE PREVENTION AND RESPONSE				
FSC EFFECTIVE DATE	OCTOBER 31, 2018	FSC SUPERSEDES DATE	DECEMBER 4, 2014 14-2(01)-FRS MAY 26, 2015 14-2(02)-DHS JAN 26, 2017 14-2(03)-DHS APRIL 19, 2017		
S/PATRICK D. SWINDLE, CHIEF CORRECTIONS OFFICER		S/COLE CARTER, GENERAL COUNSEL			
FACILITY NAME	SOUTH TEXAS FAMILY RESIDENTIAL CENTER				
FACILITY EFFECTIVE DATE	TBD	FACILITY SUPERSEDES DATE			

14-2.1 POLICY:

CoreCivic is committed to protecting residents from sexual abuse. This policy complies with the Prison Rape Elimination Act (PREA) of 2003, the Department of Homeland Security (DHS) Standards to Prevent Detect and Respond to Sexual Abuse and Assault in Confinement Facilities (79 Fed. Reg. 13100 March 7, 2014) and the Immigration and Customs Enforcement (ICE) ICE Family Residential Standard (FRS) 2.7 Sexual Abuse and Assault Prevention and Intervention

CoreCivic has a zero-tolerance for all forms of sexual abuse and sexual assault. Such conduct is prohibited by this policy and will not be tolerated. This includes resident-on-resident sexual abuse and assault; employee-on-resident sexual abuse and assault; and any contractor or civilian (including volunteer) -on-resident sexual abuse or assault. Upon receiving any information indicating that a resident is subject to a substantial risk of imminent sexual abuse or assault, any facility employee shall take immediate action to protect the resident. It is CoreCivic policy to conduct administrative investigations on all allegations, regardless of the source, and to support any criminal investigations so that perpetrators are prosecuted. Alleged victims of sexual abuse and assault will be provided a supportive and protective environment. Sexual activity between residents or employees/civilians/contractors and residents, regardless of consensual status, is strictly prohibited and subject to administrative and criminal disciplinary sanctions.

14-2.2 AUTHORITY:

CoreCivic Company Policy

14-2.3 DEFINITIONS:

Administrative Duty Officer (ADO) – An administrative team-level facility employee designated to be "on call" (i.e. readily available upon short notice), approved for such assignment by the appropriate CoreCivic Vice President, Facility Operations, to assume the required duties and responsibilities of the Facility Administrator during non-business hours.

Bad Faith – Acting with a dishonest belief or purpose.

Civilian – A person who is not a paid CoreCivic employee. Such individuals may include visitors, volunteers, interns, delivery truck drivers, or service personnel repairing equipment in the facility. This does not include resident visitors.

Contractor – A person who provides services at the facility on a recurring basis pursuant to a contractual agreement with CoreCivic. Such individuals may include the contractor's employees who manage and operate facility departments such as health and/or food services, construction workers who are temporarily working on projects within the facility, medical professionals such as a psychiatrist or medical doctor, contract attorneys, or consultants such as a professional librarian.

Direct Staff Supervision – Security staff are in the same room with, and within reasonable hearing distance of, the resident.

Employee – A person employed by CoreCivic in an approved full-time or part-time position that is designated as such in the authorized staffing pattern. For the purposes of this policy, a paid intern may

be considered an employee.

Exigent Circumstances – Temporary unforeseen circumstance(s) that require immediate action in order to combat a threat to the security or order of a facility.

Facility Support Center (FSC) – CoreCivic's corporate headquarters where employees provide support direction, and oversight in the management and operation of the company's correction, detention, residential and community correction facilities.

FSC PREA Committee – A committee comprised of senior operations, legal, and mental health managers who review issues related to PREA reporting, incident response, investigation, and prevention.

FSC Prevention of Sexual Assault (PSA) Coordinator – An upper-level management FSC employee designated to develop, implement, and oversee CoreCivic's companywide efforts to comply with the Department of Homeland Security PREA Standards and the company Sexual Abuse and Assault Prevention and Intervention Program. He/she provides supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse and assault as specified in this policy. (115.11 (b))

Gender Non-Conforming – A person whose appearance or manner does not conform to traditional societal gender expectations.

Resident – Any adult or juvenile, male or female, housed in a CoreCivic family residential facility.

LGBTI – Lesbian, Gay (Homosexual), Bisexual, Transgender, and Intersex. This acronym will include the term individuals identified as Gender Non-Conforming.

Intersex – A person who has sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

PREA – The Prison Rape Elimination Act 6 USC [15601 et seq]

Prevention of Sexual Assault (PSA) Compliance Manager – An Administrative Duty Officer-level manager appointed by the Facility Administrator who maintains responsibility for the facility's Sexual Abuse and Assault Prevention and Intervention Program. The PSA Compliance Manager serves as the facility point of contact for the ICE local field office and ICE PSA Coordinator.

PREA National Standards – Part 115 of Title 6 of the Code of Federal Regulations, the Prison Rape Elimination Act National Standards, including Subpart A, Standards for Immigration Detention facilities, and Department of Homeland Security (DHS) PREA Standards.

PREA Staffing Plan – An approved plan for staffing the facility in accordance with PREA guidelines developed by the facility in conjunction with the FSC PSA Coordinator.

Preponderance of the Evidence Standard – An evidentiary standard under which an allegation is deemed substantiated if the weight of the available evidence indicates that the allegation is more likely than not to be truthful or correct.

Qualified Health Care Professional (QHCP) – Includes physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who, by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice to evaluate and care for patients.

Qualified Mental Health Professionals (QMHP) – Includes psychiatrists, psychologists, psychiatric social workers, psychiatric nurses and others who, by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

Rape Crisis Center – An entity that provides intervention and related assistance, such as the services specified in 6 U.S.C. [14043g (b) (2) (C)], to victims of sexual assault of all ages.

SAFE/SANE Provider – A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) is a specially trained registered nurse, physician assistant, or physician who provides comprehensive care, and timely collection of forensic evidence and testimony in sexual assault cases.

Sexual Abuse and Assault of a Resident by Another Resident –

Any of the following acts by one or more residents who, by force, coercion, or intimidation, or if the victim did not consent or was unable to consent or refuse, engages in or attempts to engage in:

1. Contact between the penis and the vulva or anus and, for purposes of this subparagraph, contact involving the penis upon penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration, however slight, of the anal or genital opening of another person by a hand or finger or any object; and
4. Touching of the genitalia, anus, groin, breast, inner thighs, or the buttocks, either directly or through the clothing, with an intent to abuse, humiliate, harass, degrade or arouse or gratify the sexual desire of any person; or
5. Threats, intimidation, or other actions or communications by one or more residents aimed at coercing or pressuring another resident to engage in a sexual act.

Sexual Abuse and Assault of Resident by an Employee, Contractor, or Civilian – Any of the following acts, if engaged in by one or more staff members, civilians, or contract personnel who, with or without consent of the resident engages in or attempts to engage in:

1. Contact between the penis and the vulva or the penis and the anus and, for purposes of this subparagraph, contact involving the penis upon penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration, however slight, of the anal or genital opening of another person by a hand, finger or by any object that is unrelated to official duties or where the staff member, contractor, or civilian has the intent to abuse, arouse, or gratify sexual desire;
4. Intentional touching of the genitalia, anus, groin, breast, inner thighs, or the buttocks, either directly or through the clothing, that is unrelated to official duties or where the staff member, contractor, or civilian has the intent to abuse, arouse, or gratify sexual desire;
5. Threats, intimidation, harassment, indecent, profane or abusive language, or other actions or communications, aimed at coercing or pressuring a resident to engage in a sexual act.
6. Repeated verbal statements or comments of a sexual nature to a resident.
7. Any display by an employee, contractor, or civilian of his or her uncovered genitalia, buttocks, or breast in the presence of a resident; and
8. Voyeurism by an employee, contractor, or civilian, which is defined as the inappropriate visual surveillance of a resident for reasons unrelated to official duties. Where not conducted for reasons relating to official duties, the following are examples of voyeurism: staring at a resident who is using a toilet in his or her housing area to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions.

Sexual Abuse Response Team (SART) – A team comprised of four (4) or more individuals having a primary role in responding to reported incidents of sexual abuse and assault, victim assessment and support needs, and ensuring policy and procedures are carried out that ensure resident safety.

Transgender – A person whose gender identity (i.e. internal sense of feeling male or female) is different from the person's sex at birth.

14-2.4 PROCEDURES:**PROCEDURES INDEX**

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A. CONFIDENTIALITY

1. All information concerning an event of resident sexual abuse or assault is to be treated as confidential. Apart from such reporting, staff shall not reveal any information related to a sexual abuse or assault report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other residents or staff in the Center, make medical treatment, investigation, law enforcement, or other security and management decisions. This information should never be shared with other residents.
2. Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other residents to the resident's detriment. (115.41(g))
3. Security and management of documentation containing PREA information will be in accordance with CoreCivic and/or agency policy regarding records management, records retention, HIPAA, etc.

B. HIRING AND PROMOTION

1. To the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with residents, and decline to enlist the services of any contractor, or civilian, who may have contact with residents, who:
 - a. Has engaged in sexual abuse or assault in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
 - b. Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - c. Has been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a. or B.1.b. (115.17 (a))

NOTE: To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. (115.17 (e))

2. All applicants and employees who may have direct contact with residents shall be asked about previous misconduct, as outlined above in B.1.a.-c., in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. (115.17 (b))
 - a. The 14-2H-FRS Self-Declaration of Sexual Abuse form will be completed upon application for employment and as part of the promotional interview process.
 - b. The 14-2H-FRS Self-Declaration of Sexual Abuse form shall also serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy, and as outlined above in B.1.a.-c. The 14-2H-FRS Self-Declaration of Sexual Abuse Form shall be signed annually by each employee and contractor, and a copy maintained in the Human Resources file.
3. Background Records Check
 - a. Before hiring new employees who may have contact with residents, CoreCivic shall:
 - i. Perform a criminal background records check; and (115.17 (c))
 - ii. Consistent with federal, state, and local law make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or assault or any resignation during a pending investigation of an allegation of sexual abuse or assault as defined by this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers shall be used to solicit such prior employment information.
 - b. CoreCivic shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. (115.17 (d))
 - c. CoreCivic shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors who may have contact with residents or have in place a system for otherwise capturing such information. (115.17 (c)) Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or assault involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. (115.17 (f))

C. EMPLOYEE TRAINING

1. All CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and assault. (115.31 (a)(1)) Such training shall be tailored to the gender and age of the residents at the facility. At a minimum, all employees shall receive pre-service and annual in-service training on the following:
 - a. The DHS PREA Standards and other applicable ICE policy;
 - b. Federal, state, or local laws imposing criminal liability for the sexual abuse of a person held in custody;
 - c. An employee's duty to report any occurrence of sexual abuse and assault;
 - d. How to fulfill employee responsibilities for sexual abuse and assault prevention, detection, reporting, and response in accordance with this policy; 115.31 (a)(1)

- e. The right of residents and staff to be free from sexual abuse and from retaliation for reporting sexual abuse and assault; (115.31(a)(2))
 - f. Definitions and examples of prohibited and illegal sexual behavior; 115.31 (a) (3)
 - g. Recognition of situations where sexual abuse and assault may occur (115.31 (a) (4))
 - h. Recognition of physical, behavioral, and emotional signs of sexual abuse and assault, and methods of preventing and responding to such occurrences; 115.31 (a) (5)
 - i. How to avoid inappropriate relationships with residents; 115.31 (a) (6)
 - j. How to communicate effectively and professionally with residents, including LGBTI and Gender Non-Conforming residents; 115.31 (a) (7)
 - k. Procedures for reporting knowledge or suspicion of sexual abuse and assault; 115.31 (a) (8)
 - l. The requirements to limit reporting of sexual abuse and assault to personnel with a need to know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. (115.31 (a) (9))
2. Specialized Training
- a. In addition to the general training provided to all employees, security staff shall receive training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs. (115.15.(j))
 - b. In addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse and assault investigations, investigators shall receive training on sexual abuse and assault investigations, conducting effective cross-agency coordination, techniques for interviewing sexual abuse and assault victims, and sexual abuse and assault evidence collection. The facility shall retain written documentation verifying this training. (115.34 (a) (b))
 - c. The facility PSA Compliance Manager shall ensure that more than one (1) person at the facility receives training as a sexual abuse and assault investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.) from work.
 - d. In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work in the facility, shall receive specialized medical training as outlined below:
 - i. How to detect and assess signs of sexual abuse and assault;
 - ii. How to preserve physical evidence of sexual abuse and assault;
 - iii. How to respond effectively and professionally to victims of sexual abuse and assault;
 - iv. How and to whom to report allegations of sexual abuse and assault; and
 - v. How to preserve physical evidence of sexual abuse and assault. (115.35 (b)(1-4))
3. Civilians/Contractor Training
- a. All civilians/contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and assault prevention, detection, reporting, and response as outlined in this policy. (115.32(a))

- b. The level and type of training provided to civilians/contractors shall be based on the services they provide and level of contact they have with residents. All civilians/contractors who have contact with residents shall be notified of CoreCivic's zero-tolerance policy regarding sexual abuse and assault and informed how to report such incidents. (115.32(b))
- c. Civilians/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. The 14-2A PREA Training and/or Policy Acknowledgment form serves as verification of the civilian or contractor's review and understanding of the contents of the zero tolerance policy and training. This form shall be completed by each civilian or contractor who has contact with residents, Signed documentation will be maintained in the civilian or contractor's file. (115.32 (c))
- d. Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee's training file.

4. Training Documentation

- a. The 14-2A PREA Training and/or Policy Acknowledgment shall be completed by each employee, serving as verification of the employee's acknowledgment and understanding of PREA-related training, as well as the contents of CoreCivic Policy 14-2-FRS.
- b. 14-2A forms will be maintained by the Manager, Learning Development with a copy to the Human Resources file.
- c. A newly signed 14-2A-FRS Policy Acknowledgment form may be required for future revisions of this policy as determined by the General Counsel or designee.
- d. Documentation of all PREA training in conducting investigations shall be maintained in accordance with CoreCivic Policies 1-15 Record Retention and 4-2 Maintenance of Training Records. (115.34(b))

D. STAFFING

- 1. The facility maintains comprehensive resident supervision guidelines to determine and meet the facility resident supervision needs. These guidelines are reviewed at least annually. (115.13 (b)) The facility will ensure sufficient supervision of residents, through appropriate staffing levels and, where applicable, video monitoring, to protect residents against sexual abuse and assault. (115.13 (a))
- 2. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:
 - a. Generally accepted detention and correctional practices;
 - b. Any judicial findings of inadequacy;
 - c. All components of the facility's physical plant;
 - d. The composition of the resident population;
 - e. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and assault;
 - f. Findings and recommendations of sexual abuse and assault incident review reports; and
 - g. Any other relevant factors, including but not limited to the length of time residents spend in agency custody. (115.13 (c))
- 3. Annual PREA Staffing Plan Assessment
Whenever necessary, but no less frequently than once each year, an annual facility

PREA staffing plan assessment will be completed.

- a. The facility PSA Compliance Manager will complete the 14-2I-FRS Annual PREA Staffing Plan Assessment and forward to the Facility Administrator for review. Upon completion of the Facility Administrator's review, the 14-2I-FRS Annual PREA Staffing Plan Assessment will be forwarded to the FSC PSA Coordinator.
- b. In consultation with the designated Business Unit Vice President, the FSC PSA Coordinator shall assess, determine, and document whether adjustments are needed to:
 - i. The staffing plan established pursuant to this section;
 - ii. The facility's deployment of video monitoring systems and other monitoring technologies;
 - iii. The resources the facility has available to commit to ensure adherence to the staffing plan; and
 - iv. Changes to policy and/or procedure, physical plant, approved capital expenditures, video monitoring and/or technology, or staffing require the approval of the appropriate Business Unit Vice President.

E. SUPERVISION AND MONITORING

1. Staff, including supervisors, shall conduct frequent unannounced facility rounds to identify and deter sexual abuse and assault of residents. Such inspections shall be implemented for night, as well as day, shifts. The occurrence of such rounds shall be documented as PREA Rounds in the applicable log (e.g. ADO, post log, shift report, etc.). This practice shall be implemented on all shifts and in all areas where residents are permitted. (115.13 (d))
2. Employees shall be prohibited from alerting other employees that security inspections are occurring, unless such announcement is related to the legitimate operational functions of the facility. (115.13 (d))

F. EXTERNAL VICTIM ADVOCATE AND SUPPORT SERVICES

1. CoreCivic shall maintain or attempt to enter into Memorandums of Understanding (MOU), or other agreements, with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crime. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. (115.53 (a))
2. The facility shall establish, in writing, procedures to include outside agencies in the facility's sexual abuse and assault prevention and intervention protocols, if such community resources are available. (115.53 (b))
3. Residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse and assault by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility Resident Handbook and shall be posted throughout resident housing areas. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. (115.53 (c))

AT THIS FACILITY, RESIDENTS MAY OBTAIN OUTSIDE CONFIDENTIAL SUPPORT SERVICES THROUGH THE FOLLOWING COMMUNITY RESOURCES:

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4. Residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (115.53 (d))
 5. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during the exam and investigatory interviews. (115.21 (d))
- G. COORDINATED RESPONSE/SEXUAL ASSAULT RESPONSE TEAM (SART)
1. The facility will establish a SART which includes the following positions:
 - a. PSA Compliance Manager;
 - b. Medical representative;
 - c. Security representative;
 - d. Mental health representative; and
 - e. Victim Services Coordinator. (115.65 (a))

NOTE: The medical and/or mental health professional may serve as the facility's Victim Services Coordinator. The facility Victim Services Coordinator will not be a member of security.
 2. The SART responsibilities shall include the following:
 - a. Responding to reported incidents of sexual abuse and assault;
 - b. Responding to victim assessment and support needs;
 - c. Ensuring policy and procedures are enforced to enhance resident safety; and
 - d. Participating in the development of practices and/or procedures that encourage prevention and intervention of sexual abuse and assault and enhance compliance with DHS PREA Standards.(115.65 (b))
 3. SART Member Responsibilities
 - a. The PSA Compliance Manager will:
 - i. Review the facility's response to sexual abuse and assault allegations, with the Facility Administrator, or designee, to ensure the policy is implemented effectively and victim needs are addressed;
 - ii. Serve as a primary liaison with local law enforcement or delegate this responsibility to the facility investigator;
 - iii. Ensure the completion of the 14-2C-FRS Sexual Abuse Incident Check Sheet; and
 - iv. Ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of an allegation of sexual abuse and assault, to protect against potential retaliation against residents or employees. This shall include periodic status checks of residents and review of relevant documentation (including any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff).
 - Monitoring shall be documented on the 14-2D-FRS PREA Retaliation Monitoring Report (30/60/90) form.
 - Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need. (115.67 (c))
 - v. Ensure prompt actions are taken to remedy any identified retaliation. (115.67 (c)).

- b. The medical representative will:
- i. Ensure that the facility's medical staff respond appropriately in medically stabilizing an alleged victim before assessment by a community medical provider, if medically indicated;
 - ii. Address any ongoing medical care needs following the incident;
 - iii. Ensure compliance with the following:
 - Resident victims of sexual abuse and assault shall 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. (115.82 (a))
 - Resident victims of sexual abuse and assault while detained shall be 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. (115.82 (a))
 - Medical and mental health treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the perpetrator or cooperates with any investigation arising out of the incident. (115.82 (b) and (115.83) (f))
 - In accordance with PREA Standard 115.83 (a), the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse or assault in a detention facility.
 - The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (115.83 (b))
 - The facility shall provide such victims with medical and mental health services consistent with the community level of care. (115.83 (c))
 - Victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. (115.83 (e))
 - Resident victims of sexually abusive vaginal penetration by a male perpetrator while detained shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy related medical services and timely access to these services. (115.83 (d))
- c. The security representative will:
- i. Ensure resident safety needs are addressed, including separating the alleged victim and perpetrator; and
 - ii. Ensure employee responses to reports of sexual abuse and assault are timely and consistent with policy.
- d. The mental health representative will:
- i. Ensure the alleged victim is assessed;

- ii. Ensure mental health needs are addressed according to policy and local procedure; and
 - iii. Attempt to conduct a mental health evaluation of all known resident-on-resident perpetrators within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. (115.83 (g))
- e. The Victim Services Coordinator will:
- i. Offer and attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim; however, the victim may choose to decline to access a victim advocate. A victim advocate can be requested at any time following an allegation of sexual abuse or assault; there is no time limitation.
 - Efforts to identify and utilize a victim advocate shall be documented on the 14-2C-FRS Sexual Abuse Incident Check Sheet via the Incident Reporting Database (IRD).
 - In the absence of a victim advocate, the Victim Services Coordinator will provide residents with confidential emotional support services related to sexual abuse and assault if the person is trained in crisis intervention.
 - ii. Ensure that residents are aware they may access additional victim resources through community victim resource agencies;
 - iii. Ensure that alleged victims are informed of their rights to care and protection from further victimization; and
 - iv. In the absence of a victim advocate, the Victim Services Coordinator may provide residents with confidential emotional support services related to sexual abuse and assault. However, prior to rendering such services, the Victim Services Coordinator must receive documented training in crisis intervention.

H. ASSESSMENT FOR RISK OF VICTIMIZATION AND ABUSIVENESS

1. The facility shall assess all adult residents upon intake to identify those likely to be sexual perpetrators or sexual abuse and assault victims, and shall house residents to prevent sexual abuse and assault, taking necessary steps to mitigate any such danger. Residents shall be screened in order to obtain information relevant to housing, voluntary work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. (115.41 (a))
2. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. (115.41 (a))
3. Residents shall be screened, and the initial housing assignment should be completed within twelve (12) hours of admission to the facility. (115.41 (b))
4. The facility shall consider, to the extent that the information is available, the following criteria to assess residents for risk of sexual victimization: (115.41 (c))
 - a. Whether the resident has a mental, physical, or developmental disability;
 - b. The age of the resident;
 - c. The physical build and appearance of the resident;
 - d. Whether the resident has previously been detained;
 - e. The nature of the resident's criminal history;

- f. Whether the resident has any convictions for sex offenses against an adult or child;
 - g. Whether the resident has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
 - h. Whether the resident has self-identified as having previously experienced sexual victimization; and
 - i. The resident's own concerns about his/her physical safety.
5. Residents shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items (a), (g), (h), or (i) above. (115.41 (f))
 6. The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing residents for risk of being sexually abusive, (115.41 (d))
 7. The 14-2B-FRS Sexual Abuse Screening Tool, or electronic OMS version, will be utilized to complete the initial screening.
 8. Residents with a history of sexually assaultive behavior may not be eligible for placement in a family residential center. The Facility Director/designee shall immediately inform ICE/Enforcement Removal Operations (ERO) upon identification of any resident with a history of sexually assaultive behavior. (ICE FRS 2.7)
 9. If screening indicates that a resident has experienced prior sexual victimization, staff shall, as appropriate, ensure that the resident is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. (115.81 (a))
 - a. When a referral for medical follow-up is initiated, the resident shall receive a health evaluation no later than two (2) working days from the date of assessment. (115.81 (b))
 - b. When a referral for mental health follow-up is initiated, the resident shall receive a mental health evaluation no later than seventy-two (72) hours after the referral. (115.81 (c))
 10. The facility shall implement appropriate controls on the dissemination of responses to questions asked pursuant to this screening, to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. (115.41 (g)) These controls, include, but are not limited to:
 - a. Conducting screenings and assessments in as private an area as possible so that conversation is not overheard by other staff or residents;
 - b. Restricting computer access to screening and assessment records only to staff who need this information to complete assignments directly related to this policy; and
 - c. Ensuring hard copies of screening and assessment forms are secured when not in use by authorized staff and are not accessible to residents.
 11. Screening of residents should only be used as a guideline for determining appropriate housing and services and should never be used as the sole reason for the deprivation of a program or privilege.
 12. Reassessment

The facility shall reassess each resident's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment. The reassessment will include any additional relevant information received by the facility since the initial

intake screening; and (115.41 (e)) when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. (115.41 (e))

- a. The reassessment of the resident's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Facility Administrator.
- b. The 14-2B-FRS Sexual Abuse Screening Tool will be used for completing the re-assessment.
- c. The facility will maintain a tracking mechanism to ensure that reassessments are completed within the sixty (60) to ninety (90) day time frame.

13. Completed 14-2B-FRS forms, will be maintained in the resident's central file or electronic records, with a copy forwarded to the resident's medical record and/or, where applicable, the resident's electronic medical records.

I. RESIDENT ORIENTATION AND EDUCATION

1. During the intake process, all residents shall be provided written information regarding sexual abuse and assault prevention and reporting (e.g. resident handbook, 14-2AA-FRS Preventing Sexual Abuse and Misconduct brochure). (115.33 (a) and (c))
2. An orientation program will be conducted that includes instruction on the following topics:
 - a. CoreCivic's zero tolerance policy regarding all forms of sexual abuse and assault;
 - b. Prevention and intervention strategies;
 - c. Definitions and examples of resident-on-resident sexual abuse and assault, staff-on-resident sexual abuse and assault and coercive sexual activity;
 - d. Explanation of methods for reporting sexual abuse and assault, including to any staff member, to include a staff member other than an immediate point-of-contact line officer (e.g. the compliance manager or a mental health specialist, the DHS Office of Inspector General, the ICE Joint Intake Center, and the ICE Resident Reporting and Information Line (DRIL));
 - e. Information about self-protection and indicators of sexual abuse and assault;
 - f. Prohibition against retaliation, including an explanation that reporting sexual abuse and assault shall not negatively impact the resident's immigration proceedings; and
 - g. The right of a resident who has been subjected to sexual abuse and assault to receive treatment and counseling. (115.33 (a)(1-6))
3. The facility shall take appropriate steps to ensure that residents with disabilities (including, but not limited to, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility efforts to prevent, detect, and respond to sexual abuse. Such steps shall include, when necessary, the following:
 - a. Providing residents who are deaf or hard of hearing, with access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. (115.16 (a) 115.33 (b))
 - b. Providing residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision with written materials related to sexual abuse in formats or through methods that ensure effective communication. (115.16 (a))

4. For Limited English Proficient (LEP) residents the facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another resident. Should the resident express a preference for another resident to provide interpretation, the agency shall determine that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged perpetrators, residents who witnessed the alleged abuse, and residents who have a significant relationship with the alleged perpetrator is not appropriate in matters relating to allegations of sexual abuse. (115.16 (d))
5. The facility shall maintain documentation of resident participation in educational sessions pertaining to sexual abuse and assault. (115.33 (c))
6. In addition to providing such education, the facility shall post on all housing unit bulletin boards the following notices: (115.33 (d))
 - a. The ICE prescribed sexual assault awareness notice (refer to Appendices);
 - b. The name of the Compliance Manager; and
 - c. The name of local organizations that can assist residents who have been victims of sexual abuse and assault.
7. The facility shall make available and distribute the DHS prescribed Sexual Assault Awareness Information pamphlet. (115.33 (e))
8. Information about reporting sexual abuse and assault shall be included in the Resident Handbook and made readily available to all residents.

J. HOUSING AND PROGRAM ASSIGNMENTS

1. The facility shall use the information obtained from the 14-2B-FRS Sexual Abuse Screening Tool completed at initial screening in the assignment of housing, recreation, voluntary work programs, and other activities. Individualized determinations shall be made on how to ensure the safety of each resident. (115.42 (a))
2. Upon notification of the arrival or identification of a transgender or intersex resident, that resident will remain in the intake area and ICE/ERO shall be notified immediately. (115.42(a),(b),(c))

AT THIS FACILITY, TRANSGENDER AND/OR INTERSEX RESIDENTS ARE PROCESSED AS FOLLOWS:

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3. Residents considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will consult with the ICE/ERO Field Office Director to determine if ICE/ERO can provide additional assistance. (115.68 (a))
4. Family Residential Centers do not operate Special Housing Units or Administrative Segregation Units. (115.43, 115.68)

K. SEARCHES AND OBSERVATION

1. In accordance with 2007 ICE/ERO Family Residential Standards, a pat-down search during admission to a facility, or at any time thereafter, shall not be conducted on any resident unless a reasonable and articulable suspicion can be documented. There must be a reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred. If required, frisk/pat searches must be authorized by the ICE/ERO Assistant Field Office Director (AFOD).
 - a. All pat-down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. (115.15 (j))

- b. A pat-down is an inspection of a resident, using the hands. The staff person uses his/her sense of touch when patting or running the hands over the clothed resident's body. It is considered the least intrusive of the body searches and should only be conducted by a staff member of the same gender.
 - c. Cross-gender resident pat searches of female residents by male employees is prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order). (115.15(c))
 - d. A pat-down does not require the resident to remove clothing, although the inspection includes a search of the residents clothing and personal effects.
 - e. A hand-held and/or stationary metal detector shall be available and may be used in lieu of a pat-down.
 - f. All cross-gender pat searches will be documented. (115.15 (d))
2. A strip search, also referred to as a visual search, may not be authorized or conducted without the explicit approval of the ICE/ERO AFOD.
- a. A strip search shall be conducted by two (2) staff members of the same gender as the resident and only under circumstances where it can be shown that a life or public safety issue is clearly established.
 - b. A strip search is a visual inspection of all body surfaces and body cavities. The inspector shall not touch any skin surface of the resident. The inspector may request that the resident move parts of the body to permit visual inspection. It is considered more intrusive than a pat-down and shall be made in a manner designed to ensure as much privacy to the resident as practicable.
 - c. A strip search requires the removal or rearrangement of some or all of the resident's clothing to examine the clothing or to permit the inspection of exterior skin surfaces of the body, including breasts and exterior anal and genital areas, inside of the nose, ears, and mouth.
 - d. If items are discovered that protrude from a body cavity, the removal of those items are governed by the procedures applicable to body cavity searches, In every instance where it is established that a foreign object is located within a body cavity, only a qualified medical authority shall be authorized to locate and remove the object. Only the ICE/ERO Field Office Director/designee may authorize a body cavity search.
 - e. Body cavity searches will not be performed on juveniles and, instead, shall be referred to medical personnel. Facility staff shall not conduct visual body cavity searches of juveniles and, instead, shall refer all such body cavity searches of juveniles to a medical practitioner. All strip searches and visual body cavity searches shall be documented. (115.15 (e)) (115.15 (f))
3. Residents at a Family Residential Services facility shall be able to shower, perform bodily functions, and change clothing **without being viewed by staff** except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. (115.15 (h))
4. Employees of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. (115.15 (g))
5. The facility shall not search or physically examine a resident for the sole purpose of determining the resident's genital characteristics. If the resident's gender is unknown, it may be determined during conversations with the resident, by reviewing medical records,

or, if necessary, learning that information as part of a standard medical examination that all residents must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. (115.15 (i))

6. The facility shall train security staff in proper procedures for conducting pat-down searches, including cross-gender pat-down searches. All pat-down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible consistent with security and needs, agency policy, and officer safety. (115.15 (j))

L. REPORTING SEXUAL ABUSE AND ASSAULT

1. Resident Reporting

Residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse and assault, as well as possible retaliation by other residents or employees for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents. (115.51 (a))

2. The facility shall provide instructions on how residents may contact their consular official, the DHS Office of the Inspector General, and the ICE Hotline. Reporting will be confidential, and if desired, anonymous. (115.51 (a))

3. Residents who are victims of sexual abuse have the option to privately report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: (115.51 (a) and (c))

- a. Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call;
- b. Calling the facility twenty-four (24) hour toll-free notification telephone number;
- c. Verbally telling any employee, including the facility Chaplain;
- d. Forwarding a letter (including anonymously), sealed and marked "confidential", to the Facility Administrator or any other employee;
- e. Calling or writing someone outside the facility who can notify facility staff;
- f. Forwarding a letter to the CoreCivic FSC PSA Coordinator at the following address:

10 Burton Hills Boulevard
Nashville, TN 37215

4. ICE/ERO has established the following reporting methods:

- a. **Directly report to the U.S. Department of Homeland Security (DHS) Office of the Inspector General (OIG) complaint hotline toll-free telephone number at 1-800-323-8603 (this number also has an option to report outside of ICE). The phone number and pertinent information are securely posted inside each housing unit for access twenty-four (24) hours per day seven (7) days per week; (115.51 (b))**
- b. **Contact the ICE community and resident toll-free hotline telephone number at 9116# or 1-888-351-4024;**
- c. **Tell an ICE/Enforcement and Removal Operations (ERO) staff member who visits the facility;**
- d. **Write a letter reporting the sexual misconduct to the ICE Officer-in-Charge, ICE Assistant Field Office Director, or ICE Field Office Director. To ensure confidentiality, use special mail procedures;**
- e. **File a written formal request or emergency grievance to ICE/ERO;**

f. **Contact the ICE Office of Professional Responsibility (OPR) Joint Intake Center (JIC) as follows: Toll-free hotline number (1-877-246-8253 OR e-mail joint.intake@dhs.gov; and/or**

g. **Mail a letter to:**

**P.O Box 14475
1200 Pennsylvania Ave NW
Washington DC 20044**

5. Formal Grievances filed by residents involving allegations of an immediate threat to a resident's health, safety, or welfare, related to sexual abuse will be removed from the grievance process and will be forwarded immediately to the facility Investigator or Administrative Duty Officer.

- a. Residents will be permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. (115.52 (a))
- b. To prepare a grievance a resident may obtain assistance from another resident, the housing officer or other facility staff, family members, or legal representatives. (115.52 (f))
- c. The facility shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (115.52 (b))
- d. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. (115.52 (d))
- e. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty (30) days. (115.52 (e))
- f. The facility shall send all grievances related to sexual abuse, and the facility's decisions with respect to such grievances, to the appropriate ICE Field Office Director at the end of the grievance process. (115.52 (e))

6. Anonymous Reporting

Residents shall have at least one way to report sexual abuse to a public or private entity or office that is not part of CoreCivic, and that is able to receive and immediately forward resident reports of sexual abuse and assault to facility officials, allowing the resident to remain anonymous upon request (115.51 (a))

AT THIS FACILITY, RESIDENTS MAY ANONYMOUSLY REPORT ABUSE THROUGH THE FOLLOWING METHOD(S):

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7. Employee Reporting Duties

- a. Staff members who become aware of alleged sexual abuse shall immediately follow the reporting requirements set forth in this policy in sections G. Coordinated Response/Sexual Abuse Response Team (SART) and M. Response Procedures. (115.61 (b))
- b. The facility shall require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, retaliation against residents or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (115.61 (a))

- c. Employees shall take all allegations of sexual abuse and assault seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.
- d. **When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident (115.62)**
- e. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental.
- f. Employees are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic management authority.
- g. Employees who fail to report allegations may be subject to disciplinary action.
- h. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. (115.61 (c))
- i. Employees may privately report sexual abuse and assault of residents by forwarding a letter, sealed and marked "Confidential", to the Facility Administrator. (115.61 (a))
- j. Reports of Sexual Abuse may also be reported to the CoreCivic Ethics Hotline at www.CoreCivic.ethicspoint.com.
- k. Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined above in section L.2.
- l. At the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality. (115.61 (c))
- m. Medical and mental health practitioners shall obtain informed consent from resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of eighteen (18). (115.81 (e))
- n. If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws. (115.61 (d))

8. Third Party Reporting

The facility shall establish a method to receive third-party reports of sexual abuse and assault and shall post this information on the facility PREA link. (115.54)

AT THIS FACILITY, THIRD PARTY REPORTS OF SEXUAL ABUSE MAY BE MADE AS FOLLOWS:

M. RESPONSE PROCEDURES

- 1. Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report, or his/her supervisor, shall ensure that the alleged victim and perpetrator are separated and that the alleged victim is kept safe, and has no

- contact with the alleged perpetrator. The responder shall, to the greatest extent possible, preserve and protect any crime scene. (115.64 (a) (1) (2))
2. The alleged victim shall be immediately escorted to the Health Services Department. (115.64 (a)(1))
 - a. The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider, if medically indicated, for collection of evidence and any necessary medical treatment. CoreCivic will request, in writing, that the examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE or SANE provider is not available, the examination may be performed by other qualified medical practitioners.
 - b. The Health Services Department shall provide services in accordance with ICE Health Services Corp (IHSC) LOP00-02 Sexual Abuse Prevention.
 - c. If the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. (115.64 (a)(3))
 - d. When the alleged perpetrator is a resident, he/she shall be removed from the general population or otherwise separated and held in a medical unit in the event evidence collection is required. If the abuse occurred within a time period that still allows for the collection of physical evidence, responders shall ensure that the alleged perpetrator not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. (115.64 (a)(3))
 - e. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff. (115.64 (b))
 3. Responding staff shall notify the highest ranking authority onsite. Upon notification, the highest ranking authority onsite shall ensure that the following actions are accomplished:
 - a. The PSA Compliance Manager and the Facility Administrator or ADO are immediately notified of the allegation.
 - b. While in the Health Services Department, a brief statement is obtained from the alleged victim concerning the incident. Based upon the alleged victim's statement regarding the location and time of the incident, ensure any crime scene is preserved. These actions shall include the following:
 - i. Sealing access to the immediate area of the scene, if possible;
 - ii. Photographing the scene and visible evidence at the scene (e.g. tissue or blood); and
 - iii. Securing any available recorded video footage of the affected area.
 - c. If a victim of sexual abuse and assault is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. (115.65 (c))
 4. The PSA Compliance Manager, Facility Administrator, or ADO will ensure that the following is completed:

- a. All allegations of sexual abuse shall be promptly reported to a law enforcement agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. 115.22 (d)

AT THIS FACILITY, THE FOLLOWING LAW ENFORCEMENT AGENCIES ARE NOTIFIED IN ACCORDANCE WITH STANDARD 115.22 (e):

- b. The reporting party should request guidance from law enforcement agencies in preserving the crime scene and coordinating an investigation.
 - c. Investigations shall not be initiated by the facility investigator or other facility staff until law enforcement has been notified and has informed the facility whether they (i.e. law enforcement) will handle the investigation
 - d. Ensure that the alleged perpetrator is removed from the general population pending an investigation into the allegation and that the alleged victim is separated/isolated from the alleged perpetrator until completion of the investigation.
 - e. The alleged resident victim should be placed in a supportive environment that represents the least restrictive housing option possible.
 - f. Ensure that employees, contractor, or volunteers suspected of being the alleged perpetrator of sexual abuse are removed from all duties requiring resident contact pending the outcome of the investigation.
 - g. Ensure that medical and mental health referrals are completed.
 - h. Ensure that a referral to law enforcement for an investigation has been initiated and documented.
 - i. Ensure appropriate incident reports are completed in accordance with CoreCivic Policy 5-1 Incident Reporting.
 - j. Review any video recordings of the alleged crime scene from the time period implicated by the allegation and ensure that all video recordings are secured and preserved from the time period referenced in the allegation.
5. Upon receiving an allegation that a facility resident was sexually abused while housed at another facility (e.g. state, federal, local, or other private operator), the following actions shall be taken:
- a. The Facility Administrator of the facility that received the allegation shall contact the Facility Administrator or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. (115.63 (a)(b))
 - i. A copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.
 - ii. The facility shall document that it has provided such notification through the 5-1B Notice to Administration (115.63 (c))
 - b. Should the facility be contacted by another agency or another facility reporting an allegation of sexual abuse that reportedly occurred at any CoreCivic facility, the facility shall determine whether the allegation was reported and investigated.
 - i. The facility shall record the name of the agency making the contact, and any information (names, dates, time) that may assist in determining

- whether an investigation was conducted. A resident statement should be requested.
- ii. If the allegation was reported and investigated in accordance with CoreCivic policy and/or referred for criminal investigation if appropriate, the facility shall document the allegation, the name and title of the person reporting the information, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur.
 - iii. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. Notification shall be made to the ICE Field Office Director/designee. (115.63 (d))
 - iv. All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation. (115.63 (c))
6. A preliminary review of the incident and the response shall be conducted telephonically within seventy-two (72) hours (excluding weekends and holidays) following reportable PREA incidents of Employee-on-Resident Sexual Abuse and Resident-on-Resident Sexual Abuse. Upon receipt of the 5-1A Incident Report, the review will be convened by the FSC Security Manager responsible for the facility.
- a. Employee-on-Resident Sexual Abuse
 - Required Participants
 - FSC Managing Director/designee;
 - FSC PSA Coordinator/designee;
 - Facility Administrator
 - Facility PSA Compliance Manager; and
 - Facility Investigator.
 - Optional Participants
 - Staff identified by the Facility Administrator if their participation is necessary to provide specialized information essential to complete the review; and
 - FSC PREA Committee Members.
 - b. Resident-on-Resident Sexual Abuse
 - Required Participants
 - FSC PSA Coordinator/designee;
 - Facility Administrator
 - Facility PSA Compliance Manager; and
 - Facility Investigator.
 - Optional Participants
 - FSC Managing Director;
 - Staff identified by the Facility Administrator if their participation is necessary to provide specialized information essential to complete the review; and
 - FSC PREA Committee Members.
 - c. Review Protocol

At a minimum, the review shall include:

- Discussion of the incident and whether the incident response meets applicable standards;
- Appropriate categorization of the incident report;
- Completion of required notifications;
- A request for law enforcement involvement (if appropriate); and
- Whether employee actions or failures to act contributed to the sexual abuse;

N. POST INVESTIGATION REVIEW

1. The Facility Administrator will ensure that a post investigation review of a sexual abuse and assault incident is conducted at the conclusion of every sexual abuse and assault investigation and, where the allegation was not determined to be unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. (115.86 (a))
 - a. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners.
2. The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse and assault; (115.86 (a))
 - b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (115.86 (b)) and
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
3. All findings and recommendations for improvement will be documented on the 14-2F-FRS Sexual Abuse Incident Review Report. Completed 14-2F-FRS forms will be forwarded to the Facility Administrator, the facility PSA Compliance Manager, and the FSC PSA Coordinator. (115.86 (d)(6))
4. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. Both the report and response shall be forward to the FSC PSA Coordinator and the ICE Prevention of Sexual Assault Coordinator. (115.86 (e))
5. The facility shall conduct an annual review of the all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse and assault intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse and assault during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FSC PSA Coordinator, ICE Field Office Director, and the ICE PSA Coordinator. (115.86 (c))

O. ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS

The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse or assault. (115.22 (a) 115.71) All investigations into alleged sexual abuse must be conducted by qualified investigators.

1. Administrative Investigation
 - a. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon

conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. Administrative investigations will include:

- i. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; (115.71 (c) (1) (i))
- ii. Interviewing alleged victims, suspected perpetrators, and witnesses; (115.71 (c) (1) (ii))
- iii. Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator (115.71 (c) (1) (iii));
- iv. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as resident, staff, or employee, and without requiring any resident who alleges sexual abuse and assault to submit to a polygraph; (115.71 (c) (1) (iv))
- v. An effort to determine whether actions or failures to act at the facility contributed to the abuse; (115.71 (c) (1) (v))
- vi. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigation facts and findings; and (115.71 (c) (1) (vi))
- vii. Retention of such reports for as long as the alleged perpetrator is detained or employed by the agency or facility, plus five (5) years. (115.71(c) (1) (vii))

NOTE: Such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with section 1.a. above, to ensure that the criminal investigation is not compromised by an internal administrative investigation.

- b. When an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are substantiated. (115.72)
- c. The departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. (115.71 (e))
- d. When outside agencies investigate sexual abuse and assault, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.
- e. Such investigations shall be documented on the 5-1G Incident Investigation Report via the IRD and shall detail the following components:
 - i. Investigative facts (i.e. specific details about what actually happened);
 - ii. Physical evidence (e.g. clothes collected, medical evidence, etc.);
 - iii. Testimonial evidence (e.g. witness statements);
 - iv. Review of prior complaints and reports of sexual abuse and assault involving the suspected perpetrator;

- v. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible. Credibility shall be assessed on an individual basis and shall not be determined by the person's status as a resident or employee.); (115.71(c)(iv))
- vi. Investigative findings (i.e. discovery or outcome of the investigation); and
- vii. Whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the conclusion.

2. Criminal Investigations

- a. The facility shall attempt to enter into a written Memorandum of Understanding (MOU) with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations.

AT THIS FACILITY, THE FOLLOWING LAW ENFORCEMENT AGENCY CONDUCTS CRIMINAL INVESTIGATIONS:

- b. The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. (115.71 (f))
- c. The facility investigator, as delegated by the PREA PSA Compliance Manager and/or Facility Administrator, shall establish a relationship with local law enforcement agencies and prosecutors to develop a clear understanding of the investigative guidelines and procedures during a criminal investigation of an alleged sexual abuse and assault incident.
- d. Discussions with state or local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator.
- e. Facility employees will assist the state or local law enforcement by preserving the integrity of the evidence so that cases are not lost based on lack of evidence, improper technique, and/or lack of credibility.

3. Responsibilities of the Investigating Entity/Forensic Medical Exams

Investigations conducted by a facility employee for allegations of sexual abuse and assault will be handled in accordance with the Code of Federal Regulations, Title 6, Part 115.21, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity (i.e. state or local law enforcement, contracting agency, etc.) comply with these requirements. (115.21 (e))

- a. The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (115.21 (a))
- b. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic protocols developed after 2011. (115.21 (a))
- c. The facility shall offer all victims of sexual abuse and assault access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate and only with the resident's consent. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be

performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs. (115.21 (c))

AT THIS FACILITY, RESIDENTS ARE TRANSPORTED TO THE FOLLOWING LOCATION FOR A SAFE/SANE EXAM:

- d. The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. The investigating entity may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services. (115.21 (b))

AT THIS FACILITY, VICTIM ADVOCACY SERVICES ARE PROVIDED BY THE FOLLOWING COMMUNITY AGENCY

- e. If the agency listed above in section 3.d. is not available to provide victim advocate services, the investigating entity shall make available a qualified staff member from a community-based organization, or a qualified investigating entity staff member, to provide these services.
- f. As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. (115.21 (d))

P. INCIDENT CLASSIFICATION

All allegations of sexual abuse and assault shall be reported in accordance with CoreCivic Policy 5-1 Incident Reporting.

1. Incident Classification

- a. Following completion of the investigation, the allegation will be classified as follows:
- i. Substantiated – An incident shall be classified as substantiated if the results of the investigation determine that the allegation did occur.
 - ii. Unsubstantiated – An incident shall be classified as unsubstantiated if the results of the investigation determine that the evidence was insufficient to make a final determination of whether or not the allegation occurred.
 - iii. Unfounded – An incident shall be classified as unfounded if the results of the investigation determine the allegation did not occur.
- b. The Facility Administrator will determine the appropriate classification of the incident and ensure that the 5-1E PREA Reporting form (refer to CoreCivic Policy 5-1 Incident Reporting) is completed and maintained with the incident packet.

Q. RESIDENT NOTIFICATIONS

1. When the resident is still in immigration detention, or where otherwise feasible, following an investigation into a resident's allegation that he/she suffered sexual abuse and assault at the facility, the resident shall be notified of the result of the investigation and any responsive action taken. (115.73) If the facility did not conduct the investigation, the

relevant information shall be requested from the outside investigating agency or entity in order to inform the resident.

2. All resident notifications or attempted notifications shall be documented on the 14-2E-FRS Resident Allegation Status Notification. The resident shall sign the 14-2E-FRS Resident Allegation Status Notification verifying that such notification has been received. The signed 14-2E-FRS shall be filed in the resident's file. (115.73 (e))

R. DISCIPLINARY PROCEDURES

1. Residents

a. Substantiated Incidents

- i. All residents found guilty of sexual abuse and assault shall be disciplined in accordance with the facility disciplinary procedures. (115.78 (a))
- ii. Because the burden of proof is substantially easier to prove in a resident's disciplinary case than in a criminal prosecution, a resident may be institutionally disciplined even though law enforcement officials decline to prosecute.
- iii. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. (115.78 (b))
- iv. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. (115.78 (d))
- v. A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. (115.78 (e))

b. Deliberate False Allegations

- i. Residents who deliberately allege false claims of sexual abuse and assault can be disciplined. However, a report of sexual abuse and assault made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (115.78 (f))
- ii. The Facility Administrator or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.

2. Employees

- a. Staff suspected of perpetrating sexual abuse and assault shall be removed from all duties requiring resident contact pending the outcome of an investigation. (115.66)
- b. Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse and assault policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in or attempted or threatened to engage in sexual abuse and assault. (115.76 (a)(b))
- c. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse (other than actually engaging in sexual abuse) shall be commensurate with the

nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. (115.76 (a))

- d. All terminations for violations of CoreCivic sexual abuse and assault policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known. (115.76 (c) and (d))
- e. The facility shall report all removals from duty or resignations in lieu of removal for violation of agency or facility sexual abuse and assault policies to the ICE Field Office Director, as well as to appropriate law enforcement agencies unless the activity was clearly not criminal.

3. Civilians/Contractors

- a. Contractors and civilians suspected of perpetrating sexual abuse and assault shall be removed from all duties requiring resident contact pending the outcome of an investigation. (115.66) (115.77 (b))
- b. Any civilian/volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents. (115.77 (a))
- c. The facility shall report incidents of substantiated sexual abuse by a contractor or civilian/volunteer, to law enforcement agencies unless the behavior was clearly not criminal. (115.77 (a))
- d. The facility shall make reasonable efforts to report removals or resignations, as well as any incidents of substantiated sexual abuse and assault by a contractor or civilian, to any relevant licensing bodies to the extent known. (115.77 (a))
- e. Any other violation of CoreCivic sexual abuse and assault policies by a civilian or contractor may result in further prohibitions. (115.77 (a-c))
- f. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents by civilians or contractors who have not engaged in sexual abuse and assault, but have violated other provisions within this policy.

S. POST INCIDENT CLASSIFICATION PROCEDURES

- 1. Once the investigation is complete, the necessity of filing any resident "incompatible" or "keep separate" notices between the victim and perpetrator will be evaluated, such that the victim and perpetrator or potential perpetrator are kept separate while housed at the CoreCivic facility or recommend a transfer to another facility.
- 2. The predatory resident shall be reclassified in accordance with the applicable classification procedures. This should be accomplished in consultation with the ICE Field Office.

T. COLLECTION AND USE OF DATA

1. Internal

All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records. (115.87 (a))

- a. The Facility Administrator must maintain two types of files. (ICE FRS 2.7)
 - i. General files include:

- The victim(s) and assailant(s) of a sexual assault;
 - Crime characteristics; and
 - All formal and/or informal action taken.
 - ii. Investigative files include:
 - All reports;
 - Medical forms;
 - Supporting memos and videotapes; and
 - Any other evidentiary materials pertaining to the allegation.
 - iii. The Facility Administrator shall maintain these files chronologically in a secure location. Files may be maintained electronically.
 - b. Allegation Tracking
 - i. The facility will ensure that incidents of sexual abuse and assault are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 14-2-BB-FRS PREA 5-1 IRD Incident Reporting Definitions. (115.87 (a))
 - ii. At least annually, CoreCivic shall aggregate the incident-based sexual abuse and assault data: (115.87 (d))
 - The date, time, location, and nature of the incident;
 - The demographic background of the victim and perpetrator (including citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming);
 - The reporting timeline for the incident (including the name of the individual who reported the incident and the date and time the report was received);
 - Any injuries sustained by the victim;
 - Post-report follow up responses and action taken by the facility (e.g. housing placement/custody classification, medical examination, mental health counseling, etc.); and
 - Any sanctions imposed on the perpetrator. (115.67 (d)(1-6))
 - iii. Data collected for this purpose shall be securely stored and retained in accordance with CoreCivic Policy 1-15 Retention of Records. (115.89 (a))
- 2. External
 - a. Any requests for information from an outside agency or entity (excluding the contracting governmental agency) regarding incidents of sexual abuse and assault shall be forwarded to and reviewed by the FSC General Counsel or designee and the Senior Director, PREA Programs and Compliance, prior to sending the response to the requesting entity.
 - b. Public Access
 - i. The FSC PSA Coordinator shall make all aggregated sexual abuse and assault data available to the public at least annually through the CoreCivic website. (115.89 (b))
 - ii. Before making aggregated sexual abuse and assault data publicly available, CoreCivic shall remove all personal identifiers. (115.89 (c))

3. Data Review

- a. The FSC PSA Coordinator shall review all aggregated sexual abuse and assault data collected in order to assess and improve the effectiveness of its sexual abuse and assault prevention, detection, and response policies, practices, and training, to include:
 - i. Identifying problem areas;
 - ii. Taking corrective action on an ongoing basis; and
 - iii. Preparing an annual report of findings and corrective actions for each facility, as well as CoreCivic as a whole. (115.88 (a)(1-3))
- b. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of CoreCivic's progress in addressing sexual abuse and assault. (115.88 (b))
- c. CoreCivic's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through the CoreCivic website. (115.88 (c))
- d. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. (115.88 (d))

U. QUALITY ASSURANCE COMPLIANCE

1. Internal Audits

The FSC Quality Assurance Department shall conduct an annual audit of all CoreCivic facilities to ensure compliance with CoreCivic policy, the PREA National Standards, and federal law and regulations.

2. External Audits

During the three (3) year period starting on July 5, 2015 and during each three (3) year period thereafter, ICE shall ensure that each immigration and detention facility that has adopted these standards is audited at least once.

V. UPGRADES TO FACILITIES AND TECHNOLOGIES

1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect residents from sexual abuse and assault. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form. (115.18 (a))
2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse and assault. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form. (115.18 (b))

14-2.5 REVIEW:

This policy will be reviewed annually by the CoreCivic FSC PSA Coordinator. ICE shall review and approve this policy and all subsequent revisions (115.11 (c))

14-2.6 APPLICABILITY:

All ICE Family Residential Facilities

14-2.7 APPENDICES:

14-2AA-FRS Preventing Sexual Abuse and Misconduct Brochure (English and Spanish)

14-2BB-FRS PREA 5-1 IRD Incident Reporting Definitions
ICE-FRS Sexual Assault Awareness Poster

14-2.8 ATTACHMENTS:

14-2A-FRS CoreCivic PREA Training and/or Policy Acknowledgment
14-2B-FRS Sexual Abuse Screening Tool
14-2C-FRS Sexual Abuse Incident Check Sheet
14-2D-FRS PREA Retaliation Monitoring Report (30/60/90)
14-2E-FRS Resident Allegation Status Notification
14-2F-FRS Sexual Abuse Incident Review Report
14-2H-FRS Self-Declaration of Sexual Abuse/Sexual Harassment
14-2I-FRS Annual PREA Staffing Plan Assessment
3-20-2A Verification of Employment
5-1B Notice to Administration (NTA)
5-1E PREA Reporting
5-1G Incident Investigation Report
7-1B PREA Physical Plant Considerations

14-2.9 REFERENCES:

CoreCivic Policy 1-15 Retention of Records
CoreCivic Policy 4-2 Maintenance of Training Records
CoreCivic Policy 5-1 Incident Reporting
CoreCivic Policy 13-79 Sexual Abuse Response
ICE Health Services Corp (IHSC) LOP00-02 Sexual Abuse Prevention
PREA National Standards – Title 6 of the Code of Federal Regulations, Part 115
Department of Homeland Security (DHS) Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities (Federal Register 79, No. 45, March 7, 2014)
ICE Family Residential Standard 2.7 Sexual Abuse and Assault Prevention and Intervention
Bureau of Justice Statistics (BJS) Survey of Sexual Violence (SSV)
Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic protocols developed after 2011
Code of Federal Regulations, Title 6, Part 115.21, Evidence Protocol and Forensic Medical Examinations
American Correctional Association (ACA) Standards for Adult Correctional Institutions (ACI) and Adult Local Detention Facilities (ALDF):
ACI 4-4056
ACI 4-4084
ACI 4-4281-1 through 8
4-ALDF-2A-29
4-ALDF-4D-22-1 through 5
4-ALDF-4D-22-7 and 8
4-ALDF-6B-02
4-ALDF-7B-10