

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

Interim Final

Date of Report November 5, 2019

Auditor Information

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Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: March 19-21, 2019

Agency Information

Name of Agency: Core Civic	Governing Authority or Parent Agency (If Applicable): NA		
Physical Address: 10 Burton Hills Blvd.	City, State, Zip: Nashville, TN 37215		
Mailing Address: Same as Above	City, State, Zip: Same as Above		
Telephone: 615-263-3000	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 mission: See Report Narrative			
Agency Website with PREA Information: http://www.corecivic.com/the-prison-rape-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon Hininger	Title: President and Chief Executive Officer
Email: damon.hininger@corecivic.com	Telephone: 615-263-3301

Agency-Wide PREA Coordinator

Name: Eric Pierson		Title: Senior Director, Prea Compliance and Programs	
Email: eric.pierson@corecivic.com		Telephone: 615-263-6915	
PREA Coordinator Reports to: Steve Conry, Vice President, Operations Administration		Number of Compliance Managers who report to the PREA Coordinator Indirectly 63/ directly 0	
Facility Information			
Name of Facility: Silverdale Detention Center			
Physical Address: 7609 Standifer Gap Rd. Chattanooga, Tn 37422			
Mailing Address (if different than above): Same as Above			
Telephone Number: 423-308-3946			
The Facility Is:		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for profit
Facility Type:		<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison
Facility Mission: See Report Narrative			
Facility Website with PREA Information:			
Warden/Superintendent			
Name: David Sexton		Title: Warden	
Email: david.sexton@corecivic.com		Telephone: 423-308-3901	
Facility PREA Compliance Manager			
Name: Bryon Ponds		Title: Assistant Warden	
Email: bryon.ponds@corecivic.com		Telephone: 423-308-3904	
Facility Health Service Administrator			
Name: Veronica Winters		Title: Health Service Administrator	
Email: VeWinters@correctcaresolution.com		Telephone: 423-308-3930	

Facility Characteristics				
Designated Facility Capacity: 1084		Current Population of Facility: 1092		
Number of inmates admitted to facility during the past 12 months				8156
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				1774
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				4582
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				
Age Range of Population:	Youthful Inmates Under 18: NA		Adults: X	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	X <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				0
Average length of stay or time under supervision:				NA
Facility security level/inmate custody levels:				Low/Moderate/High
Number of staff currently employed by the facility who may have contact with inmates:				168
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				2
Physical Plant				
Number of Buildings: 11		Number of Single Cell Housing Units: 0		
Number of Multiple Occupancy Cell Housing Units:		3		
Number of Open Bay/Dorm Housing Units:		12		
Number of Segregation Cells (Administrative and Disciplinary):		37		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
Pelco, exterior cameras, interior cameras				
Medical				
Type of Medical Facility:		Ambulatory Care		
Forensic sexual assault medical exams are conducted at:		Erlanger Hospital		

Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	185
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Silverdale Detention Center (SDC) was conducted March 19-21, 2019, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports uploaded to a secure electronic program.

The documentation review included, but was not limited to, agency and facility policies, staff training slides, completed forms regarding both staff and inmate training, MOUs, organizational chart(s), Core Civic (CC) PREA brochures, inmate education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), staff training certifications, and Victimization/Aggressor screenings. This review prompted several questions and informational needs that were addressed with the SDC PREA Compliance Manager (PCM). The majority of informational needs were addressed pursuant to this process.

The auditor's contact with the Director of Victim Support Services, Partnership for Families, Children, and Adults (Rape Crisis Center) reveals their contact with SDC inmates reporting sexual abuse allegations are best described as reasonable. Reports are not inordinate. The Director further reports her agency is actively involved in the reporting process and follow through.

The auditor met with the Assistant Warden/PREA Compliance Manager (AW/PCM) and the Core Civic PREA Coordinator (CCPC) on Monday, March 19, 2019. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 2:00PM, the auditor toured the entire facility with the PCM, CCPC, and various unit managers/unit staff, lieutenants in attendance at various stages of the tour.

It is noted the rated capacity of SDC is 1084 inmates and the institutional count on March 19, 2019 was 983 inmates.

During the on-site audit, the auditor was provided a private office and conference room from which to review documents and facilitate confidential interviews with staff. Inmate interviews were facilitated in private offices, conference rooms located within housing units. The auditor randomly selected (from an inmate roster provided by the SDC PCM) and interviewed 31 inmates on-site pursuant to the Random Inmate Interview Questionnaire. At least one inmate (representative of the total sample of inmate interviewees) was interviewed from each living pod throughout the facility.

According to the SDC PCM, there were no inmates who reported a sexual abuse (at SDC) in the facility at the time of the on-site audit. Similarly, he advised there were no inmate(s) confined within the facility during the on-site audit who were placed in Segregation for high risk of sexual victimization, no youthful inmates, no Limited English Proficient (LEP) inmates, no transgender/intersex inmates, and no Lesbian/Gay/Bisexual (LGB) inmates housed at the facility at the time of the on-site audit.

Auditor's Note: The auditor did not learn of any of the above categories of inmates being housed at the facility throughout the three-day on-site audit.

It is noted the 31 random inmate interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to inmates for

reporting sexual abuse and sexual harassment. Overall, random interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random inmates advised they had received training by SDC staff. Exceptions are noted in the narrative for 115.33.

Auditor's Note: Twenty-six of the afore-mentioned interviewees were purely random interviewees. Six interviewees were also interviewed pursuant to other specialty questionnaires.

Of note, 30 of 31 interviewees assert they feel safe at SDC. The auditor referred the name of the inmate who felt unsafe at SDC to the PCM for follow-up. The interviewee did not articulate to the auditor any specific incidents of personal sexual abuse/harassment incurred by her at SDC but rather, general feelings of uneasiness.

Twelve random staff selected by the auditor from a staff roster provided by the PCM, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including:

- Agency Head
- Warden or Designee
- PREA Coordinator (1), SDC PCM (1)
- Designated Staff Charged with Monitoring Retaliation (1)
- Incident Review Team (1)
- Human Resources (1)
- Investigator (1)
- Intermediate or Higher Level Facility Staff (1)
- Medical Staff (1)
- Mental Health Staff (1)
- SAFE/SANE Staff- (1)
- Intake (1)
- Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)
- Security and Non-Security Staff Who Have Acted as First Responders (3- two security and one non-security)
- Staff Who Supervise Inmates in Segregated Housing (1)
- Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
- Contractors Who Have Contact With Inmates (1)

The Contract Administrator interview was not conducted as SDC does not employ staff in that capacity.

It is noted CC is the umbrella company for SDC.

The following inmate interviews were facilitated in addition to the random inmate interviews. The interview sets are noted below:

Disabled and Limited English Proficient Inmates (2, low functioning, mental health), and Inmates Who Reported Sexual Victimization During Risk Screening (3).

The auditor reviewed 14 Staff Training records, 15 inmate files, 13 staff HR files, six PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On March 19, 2019, the auditor was processed into the facility at the facility Front Entrance. Standard security processing was employed.

During the facility tour, the auditor noted Ethics Liaison posters (staff private reporting mechanism) were posted in Staff Assembly Area(s). PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units, pods, program areas, etc. It is also noted a reminder regarding opposite gender staff announcements is painted above the doorway in each pod.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of inmates, unit layout (inclusive of shower/toilet areas), placement of PREA posters and informational resources, security monitoring, and inmate programming.

There are seven housing units, some with pods (comprised of cells), some with open bays, and six man cells in some units. Additionally, there is one Restricted Housing Unit. In terms of supervision within A Unit (women's unit, inclusive an Admission and Orientation Pod), one Correctional Officer (CO) acts as a Rover between the four pods, two counselors, and one Sergeant manage the unit on a daily basis. two additional COs move between the three pods. There are three cameras positioned in each pod.

In the male units, one CO is assigned to each pod. In most of the male units, three cameras are positioned in each pod however, in Echo Unit, two cameras are positioned in each pod.

Throughout the tour, the auditor observed numerous PREA posters in housing units, program areas, and staff offices/gathering places. Clearly, inmates have access to continual education regarding PREA processes. Additionally, PREA Audit Notices were generously posted throughout the facility.

The auditor noted ample camera surveillance (130 cameras in total) in all areas, inclusive of most programs and operations areas. On the first day of the audit, three cameras were reported as inoperative. It is also noted cameras are mounted in key areas outside buildings and recreation areas. Cameras are reportedly monitored by Administrative Duty Officers (ADOs), Unit Managers (UMs), captains and above.

The auditor observed the Central Control, particularly focusing on camera placements and the degree of inmate exposure in their cells and shower areas. The Central Control Center COs provided the auditor several different views of housing unit/pod/program/operational area cameras and he found no evidence of inmate exposure in violation of PREA standards and expectations. There are no cameras in housing unit inmate cells and toilet/shower areas.

During the tour, the auditor did note properly shielded (shower curtains) shower areas. Additionally, toilet areas are properly shielded by partitions and a wall in the six-man cells. Of note, there windows in each cell. Staff offices likewise have windows in the door.

The auditor notes the PREA video plays continuously in Echo Unit. The same is reportedly played daily in other units.

One of the buildings is dedicated to county re-entry classes. The auditor notes there are two cameras, trunked into the Control Center, in that large room.

The auditor notes employees of the Hamilton County Sheriff Department facilitate re-entry classes as referenced in the preceding paragraph. As noted in the following section, CC is a contract correctional provider for Hamilton County. Hiring and Human Resources procedures with respect to these employees lies with Hamilton County and accordingly, the auditor determines Standard 115.17 requirements, as related to these individuals, does not fall with the CC purview.

Of note, the auditor was advised by the Hamilton County monitor assigned at SDC that they are undergoing PREA preparations at the Hamilton County Jail. He relates all Hamilton County Sheriff Department staff assigned to the Jail have been properly PREA trained prior to contact with inmates. The SDC PCM will make contact with the monitor to verify the auditor's understanding in this regard. He will subsequently author a memorandum validating the same, if appropriate, and forward the same to the auditor for review and retention in the audit file.

Additionally, the PCM will provide the auditor with a roster of Hamilton County staff who provide these services at SDC. The auditor will randomly select names for which certification of requisite PREA training will be provided. Those documents will be forwarded to the auditor for review and retention in the audit file. Additionally, the PCM will request a copy of the Hamilton County PREA lesson plan and if provided, the auditor will review the same to validate compliance with the volunteer training requirements.

Given the contractual nature of the CC/Hamilton County agreement, the auditor has determined this process to be the most effective and standards compliant method of ensuring inmate sexual safety, as well as, ensuring the integrity of all service providers at the facility. This action will be concluded on or before November 21, 2019.

Facility Characteristics

SDC operates pursuant to contract with the Hamilton County Sheriff Department and daily security/ programmatic and PREA operations are focused on CC policies, procedures, and practices. Hamilton County Pre-sentence/Pre-trial inmates and revocation cases are housed at SDC.

SDC is situated on approximately 33 acres located in Chattanooga, Tennessee. The facility has been operated and managed by the Corrections Corporation of America (rebranded as CC) since 1984. CC has contracted with the Hamilton County Sheriff's office to house offenders from Hamilton County and municipalities within the county. The facility, previously known as the Hamilton County Work Farm, had been operated by the Hamilton County government since the 1930's.

SDC promotes the Unit Management Philosophy. Unit Management provides a decentralized management structure allowing specific unit teams to collectively make decisions that are best for the inmates. Unit Management provides for consistency in direct supervision, inmates with similar needs or risk factors are housed together.

The CC Mission Statement reads as follows.

We help government better the public good through:

Core Civic Safety - We operate safe, secure facilities that provide high quality services and effective re-entry programs that enhance public safety.

Core Civic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society, and keep communities safe.

Core Civic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Summary of Audit Findings

Number of Standards Exceeded: 3

115.31, 115.32, 115.88

115.31(c)- According to the Warden, employees who may have contact with inmates receive PREA refresher training on an annual basis. Pursuant to 115.31(c), PREA refresher training must be provided bi-annually.

In view of the above, the auditor finds SDC exceeds standard requirements.

115.32- The auditor notes the random contractor files mentioned in the narrative for 115.32 reflect completion of PREA training on an annual basis relevant to those contractors who have provided services in excess of one year. This practice clearly exceeds the requirements of 115.32 as there is no requirement for re-familiarization. Accordingly, the auditor finds SDC exceeds requirements for 115.32.

115.88- The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period of report. Monthly, a report of PREA related incidents details frequency, location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, Corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates at CC facilities. The auditor finds SDC to exceed 115.88(a) in view of the above.

Number of Standards Met: 40

Number of Standards Not Met: 0

115.17, 115.53, 115.77

115.17(e)- During the on-site audit, the auditor reviewed two random staff files wherein 5-year re-investigations were due. The requisite re-investigation was not completed in either case.

In view of the above, the auditor finds SDC non-compliant with 115.17(e). Accordingly, the auditor is imposing a 180-day corrective action period in which compliance and institutionalization must be demonstrated.

As the auditor has observed the spread sheet tracking tool, he is confident the practice is institutionalized. While the staff to whom the files pertain, transferred from other facilities, the requisite 5-year re-investigation failure was not discovered at SDC. Of note, both HR staff were with the auditor when the failure was discovered.

Given the above, SDC HR staff will secure 5-year re-investigations regarding the affected employees. Additionally, they will audit the spreadsheet to ensure all 5-year re-investigations are current and up to date.

If any are overdue, they will secure the same, providing the auditor with a copy of the same. Finally, HR staff will certify, in writing, that all 5-year re-investigations are current and up to date, providing the auditor with a copy of the certification.

The due date for completion of this corrective action is September 12, 2019.

115.17(f)- In regard to 115.17(f), the above policy requires the Form 14-2H is completed annually by all staff. It is the auditor's understanding this process is specifically intended to demonstrate compliance with 115.17(f). Specifically, annual employee certification regarding the three questions, as well as, sexual harassment, provides reasonable assurance staff are appropriate for continued employment (freedom from sexual abuse and harassment).

Pursuant to the auditor's review of 13 random staff files, the auditor has determined none of the 2019 14-2H forms have been completed. In seven applicable cases, 2018 14-2H forms have not been completed. In four applicable cases, 2017 14-2H forms have not been completed. Accordingly, these staff did not address the requisite questions and issues regarding sexual abuse/harassment during the performance evaluation cycle for calendar years 2017 through 2019, as applicable. In view of the above, the auditor finds SDC non-compliant with 115.17(f).

The auditor is imposing a 180-day corrective action period wherein SDC staff will demonstrate compliance with 115.17(f), as well as, institutionalization of the same at SDC. The corrective action period expires on November 21, 2019.

To demonstrate compliance, the PCM will submit to the auditor a roster of all SDC staff. He will randomly select names from the roster and submit the same to the SDC PCM. The PCM will forward copies of 2019 14-2CC-H forms to the auditor. When satisfied with the examples, the auditor will close the finding.

115.53(b)- The auditor was not provided any evidence validating the subject-matter of 115.53(b). In view of the same and the statements of random inmate interviewees, the auditor finds SDC non-compliant with 115.53(b). Accordingly, the auditor is imposing a 180-day corrective action period in which facility staff must demonstrate compliance with 115.53(b) and institutionalization of the subject-matter therein. The due date for completion of corrective action is November 21, 2019.

To attain compliance with 115.53(b), the SDC PCM will collaborate with Corporate staff, developing relevant verbiage, addressing the parameters of confidentiality and mandatory reporting related to communication with assistance services, for inclusion in the SDC Inmate Handbook, a poster, or the PREA brochure. While every specific scenario cannot be brainstormed and captured in the narrative, general information can be provided to alert inmates regarding service provider obligations to report. With this strategy, inmates will readily have access to the requisite information immediately upon Intake. The SDC PCM will forward copies of the above to the auditor for review and inclusion in the audit file.

Pursuant to standard procedure, inmate receipt of the Inmate Handbook/PREA brochure is documented. The PCM will forward a copy of an inmate roster reflecting inmates received subsequent to the date on which the updated Inmate Handbook was forwarded to the auditor. The auditor will randomly select names and the PCM will provide the auditor with relevant documentation certifying the inmate's receipt of the updated version of the Inmate Handbook.

In addition to the above, this information will be included in the Orientation presentation. Accordingly, the Orientation lesson plan must be modified to address the same. The PCM will forward a copy of the amended plan to the auditor for inclusion in the record. In conjunction with the corrective action identified in the preceding paragraph, the PCM will forward relevant documentation validating the selected inmate's completion of Orientation wherein the new subject-matter was presented.

Finally, staff stakeholders must be notified regarding this information. Accordingly, a memorandum can be developed, articulating the parameters as referenced above, and distributed to the Warden, PCM, Quality Assurance Manager, PREA Investigator, all unit and case management staff, and any other stakeholders identified by the PCM. A copy of the memorandum, inclusive of all stakeholders' signatures and date(s) of receipt, will be forwarded to the auditor for inclusion in the record. In the alternative, the PCM can develop a training syllabus and forward the same to the auditor, inclusive of training documents reflecting staff completion of the training.

115.77(a)- As reflected in the narrative for 115.76, the single substantiated case of sexual misconduct involved a contract medical practitioner. Pursuant to 115.77(a), the contract employee and case were referred for criminal investigation. However, the contractor was not reported to relevant licensing bodies, as required pursuant to 115.77(a). Accordingly, the auditor finds SDC non-compliant with 115.77(a).

The auditor is placing SDC in corrective action status for the next 180 days with a completion date of November 21, 2019. To demonstrate compliance with and institutionalization of this requirement, the PCM, or appropriate official, will report this matter to the relevant licensing body, documenting the same. Whether notification occurs via written letter or telephonically followed by documentation in a memorandum or report, copies of the written notification will be forwarded to the auditor for retention in the audit file. Reporting the incident in written form is the preferred method of notification.

In addition to the above, the PCM will author a training memorandum to relevant executive staff stakeholders, addressing the protocol for such reporting. A primary reporter and back-up should be identified. All stakeholders will sign and date the memorandum and the PCM will forward a copy of the same to the auditor for retention in the audit file. The auditor also recommends the primary and a back-up be identified in policy.

In the event additional incident(s) of this nature occur within the corrective action period, the PCM will forward to the auditor a copy of the relevant investigation and notification letter for review and retention in the audit file.

In addition to the above, the following standards require attention as noted:

115.16(c)- Seven of 12 random staff interviewees assert the agency does allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or LEP inmates when making an allegation of sexual abuse/harassment. Four interviewees articulated the same can be employed to preclude the loss of evidence/investigation (3) and one interviewee asserts the same can be employed to protect the victim. Three interviewees assert the strategy cannot be employed while one was not sure and the other interviewee did not think so. All 12 interviewees assert to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to allegations of sexual abuse/harassment.

As policy clearly allows for this practice pursuant to the limited circumstances articulated in 115.16(c) and the same has not been employed at SDC during the last 12 months, the auditor finds no basis for a non-compliance finding. However, it is apparent that further staff training is necessary. Of note, during the interview process, the auditor did provide interviewees with an interactive scenario to reinforce the mechanics of 115.16(c).

The auditor is requiring SDC to retrain staff relative to the subject-matter of 115.16(c). Re-training can be facilitated in a classroom setting, at which, the PC will provide to the auditor a copy of the lesson plan and a roster of attendees. The auditor will then randomly select a sampling of staff and the PCM will provide

training certifications reflecting their receipt and understanding of the material presented. Staff participants must sign and date the appropriate documentation, certifying receipt and understanding of the material.

The target date for completion of this training is August 21, 2019.

115.64(a)- While the auditor does not find a basis for non-compliance with 115.64(a), he does find a need to reinforce the nuances of first response with all staff. As all staff receive the same First Responder training, refresher training appears to be an appropriate remedy.

In view of the above, the PCM will ensure all staff receive training regarding the four steps to be employed by First Responders, emphasis added regarding “requesting” the victim to refrain from destroying physical evidence and “ensuring” the perpetrator does not destroy physical evidence. Of note, First Responder refresher training must be completed on or before August 21, 2019.

Subsequent to completion of the training, the PCM will provide a roster of all staff to the auditor and he will randomly select staff names. The PCM will provide training certifications, substantiating provision of the relevant training for each selectee. Additionally, the PCM will provide a copy of the training syllabus to the auditor.

NOTE: Corrective action is clearly articulated in the narratives for individual non-compliant standards, as identified above and in the Interim Report.

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.)
X Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse/sexual harassment and the policy includes definitions of prohibited behaviors regarding sexual abuse/harassment/sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies/responses to reduce and prevent sexual abuse/harassment of inmates, is included in this policy.

The Zero Tolerance policy is clearly articulated in CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 1, section 14-2.1. The remainder of PREA required information is provided in pages 2-33 of the same policy.

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all of its facilities. According to the CC Organizational Chart, the agency-wide PC reports to the Executive Vice President/Chief Correctional Officer of the Correctional Programs Division and Vice President, Operations Administration.

Pursuant to interview with the CCPC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), numbering in excess of sixty.

As Senior Director, he oversees the Director who facilitates reviews of all PREA investigations. The Director tracks any follow-up regarding reviewed PREA investigations. The Director is now working on an enhanced PREA training program for implementation at facilities.

The CCPC's primary focus is audit preparation. Specifically, he reviews each Pre-Audit Questionnaire (PAQ) for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. The CC Quality Assurance Department (QA) currently facilitates mock audits of each facility. The CCPC reviews each mock audit report and coordinates corrective action with Wardens and facility PCMs. He posts common audit deficiencies on a shared website so stakeholders can assume a proactive approach, as opposed to, reactive in terms of PREA-related matters. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Finally, the CCPC reviews each facility PREA Staffing Plan and signs the same. Assistance with relevant MOU development is also a primary responsibility, with approval being conferred by the CC Legal Department.

Pursuant to the PAQ, the Warden self reports there is a designated PCM at SDC. According to the Warden, he does have sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The auditor's review of a memorandum authored by the Warden reflects an Assistant Warden (AW) is designated as the PREA Compliance Manager at SDC. According to the SDC Organizational Chart, the AW/PCM reports directly to the Warden (CEO).

The SDC PCM asserts he does feel he has sufficient time to manage all PREA-related responsibilities. He fulfills dual roles as both PCM and AW, asserting effective delegation of operational responsibilities to subordinate staff affords him the flexibility to perpetually audit PREA specifics while making general oversight audit rounds.

In view of the above, the auditor finds SDC substantially compliant with 115.11.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) 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*)

Pursuant to the PAQ, SDC is a private facility, under contract with no other jurisdictions to house those inmates designated to its care, custody, and control. CC, the parent company, contracts with Hamilton County (HC), Tennessee, housing HC inmates.

The CCCS PC asserts there are no agency staff specifically assigned as contract administrator and accordingly, the agency contract administrator interview was not conducted.

In view of the above, the auditor finds SDC to be substantially compliant with 115.12.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? X Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? X Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and

determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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*)

Pursuant to the PAQ, the Acting Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The Acting Warden self reports since the last PREA audit, the average daily number of inmates is 975. The staffing plan is predicated upon an average daily number of inmates of 1055.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, section D(2)(a-k) addresses 115.13(a) .

The Acting Warden asserts the facility does have a staffing plan and staffing levels are adequate to protect inmates against sexual abuse. Specifically, facility executive staff and Facility Support Center (FSC) staff assess staffing and camera needs based on institution PREA events and common sense security needs. Video monitoring is a serious consideration in the plan. The documented staffing plan is maintained electronically by the Warden, facility executive staff, Administrative Duty Officers (ADOs), and Captains.

The staffing plan considers the following components of facility correctional management:

- a. The staffing plan is updated on an annual basis. Staffing is actually determined by Corporate and the governmental partner. Generally, problem areas are assessed and resources are realigned accordingly to address the situation. If additional positions are required due to a change in population/mission, the same would be requested and justified through Corporate. SART reviews and Management By Walking Around (MBWA) dictates camera increases/placements. Comparison of position allocation/camera allocations against generally accepted detention and correctional practices is always considered as National Institute of Corrections (NIC), American Correctional Association (ACA) written resources, etc. may be accessed.
- b. Judicial findings of inadequacy are not-applicable.
- c. Findings of inadequacy by federal investigative agencies are not-applicable.
- d. Findings of inadequacy from internal/external oversight bodies are not-applicable. It is noted CC utilizes an elaborate internal oversight audit format to identify and resolve problematic issues at each facility. Wardens employ great emphasis in resolving problematic issues, inclusive of reconciling staffing and camera needs through requests and the procurement processes.
- e. Pursuant to MBWA (Warden, all facility executive staff, ADOs, department head initiated), daily assessments of physical plant (e.g. blind spots and/or areas where staff or inmates may be isolated) are considered and addressed, if warranted. Findings are discussed during Department Head Meetings with the Warden/executive staff with cumulative input factoring heavily into the decision-making process.
- f. With respect to the inmate population, "hot spots" are continually considered and if appropriate, the first strategy is to realign positions. An increase in gang members may warrant a request for increased staffing.
- g. In regard to the number and placement of supervisory staff considerations, the unit management concept enhances supervision efficiency. With the addition of a Unit Manager in each housing unit, "supervision eyes and ears" are increased, thereby providing great assistance to shift commanders and subordinate security supervisors. Additional staff in the form of counselors and case managers also add to the ability to supervise inmates. As previously mentioned, realignment of security resources is generally the first response if unit management and current staffing in area(s), is insufficient. "Hot spots" and "high traffic areas" are always considerations for realignment of resources.
- h. Few programs are facilitated at SDC. Generally, available programs are facilitated during the day (thereby facilitated in conjunction with one of the two shifts). The highest concentration of staff (inclusive of unit management) is also available during this time frame. This concentration of staff is congruent with program activities and operational times.
- i. The contract with Hamilton County is commensurate with PREA standards and in consideration of the same. CC policies are drafted to address all matters PREA and those same policies guide staff on a daily basis.
- j. In regard to the prevalence of substantiated and unsubstantiated incidents of sexual abuse, Sexual Abuse Response Teams (SARTs) and Corporate PREA reviews are huge drivers in terms of staffing plan development and review.

k. There are no other relevant factors currently considered with respect to staffing plan development and amendment. However, if relevant factors did arise, the same would be considered.

In regard to compliance checks with respect to the staffing plan, the Chief of Security (COS) facilitates a daily check. Shift commanders likewise audit the same on a daily basis, ensuring all posts are covered, either by unit management staff/other staff or pursuant to overtime. Live roster reviews are facilitated on a weekly basis. The Warden, both AWs, COS/Chief of Unit Management, and all ADOs are in attendance.

The PCM's statement was essentially identical to that of the Acting Warden (see above) regarding factors considered in staffing plan development and implementation.

Pursuant to the PAQ, the Warden self reports justification for all deviations from the staffing plan during the last 12 months has not been applicable to SDC. A limited follow-up with respect to this provision has revealed there were no instances of deviation from the staffing plan during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section (D)(3) addresses the procedure for documentation of non-compliance with the PREA Staffing Plan. The SDC COS is responsible for identification of vacated posts and he/she reports the same to the SDC PCM. He, in turn, reports the specifics of the deviation, inclusive of any corrective action, to the CCPC within seven calendar days of the date of the deviation.

The Acting Warden asserts all instances of non-compliance with the staffing plan are documented, with explanations regarding non-compliance. The process is articulated in the narrative for 115.13(a) and the policy provision cited in 115.13(b).

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section (D)(5)(b)(i-iii) addresses 115.13(c).

Pursuant to the CCPC, he is consulted regarding any assessments of, or adjustments to, the staffing plan for SDC. Specifically, he is a reviewer and co-signer for the SDC Annual Staffing Plan pursuant to policy.

The auditor's review of the October 5, 2017 and August 28, 2018 SDC Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a) and (c).

Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section (E)(1)(a and b) addresses 115.13(d).

The auditor's review of two SDC Weekly Department Supervisor Walk Through documents reveals substantial compliance with 115.13(d). Areas toured are as follows:

George One- April 30-May 6, 2018
Echo One- March 5-11, 2018

Based on this document review, Unannounced PREA rounds were made in these units on a daily basis throughout the week.

During the facility tour, the auditor randomly reviewed unit logbooks in A Unit pods and C Unit pods, noting consistent documentation of unannounced supervisory PREA rounds in the same across both shifts. The intermediate or higher facility staff interviewee asserts she does conduct and document unannounced PREA rounds in the unit log books. In regard to methods to prevent staff from alerting other staff she is conducting unannounced rounds, she provides no notice as to when the same are occurring. She varies the pattern in terms of rounds conduct, always moving to ensure the element of surprise. She attempts to keep staff honest by starting rounds, stopping, starting rounds again in another direction.

The auditor's review of an R&D Log Book dated January 27, 2019 reveals Unannounced PREA Rounds were conducted by a shift commander at 9:01AM on that date. Additionally, the auditor's review of a Weekly Department Supervisor Walk Through Log covering the week of March 4-10, 2019 (Chow Hall) reveals Unannounced PREA Rounds were conducted by supervisory staff on multiple days on both shifts.

In view of the above, the auditor finds SDC substantially compliant with 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared day room or other common space, shower area, or sleeping quarters. The Warden further self reports the facility has housing units to which youthful offenders are assigned that provide sight and sound separation between youthful and adult offenders in day rooms, common areas, showers, and sleeping quarters. Youthful inmates are not placed in the SAME HOUSING UNIT as adults. In the past 12 months, 0 youthful inmates have been housed at this facility.

SDC Policy 18-101 entitled Youthful Offenders, page 2, section (B)(1)(e) addresses 115.14(a).

The PCM self reports Unit Alpha-6 would be used for youthful offender housing however, youthful offenders are not housed at SDC. The auditor's observations corroborate the statement of the PCM and accordingly, the auditor finds 115.14(a) not-applicable to SDC.

Pursuant to the PAQ, the Warden self reports the facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas OUTSIDE HOUSING UNITS. The Warden also self reports the agency always provides direct staff supervision in areas OUTSIDE HOUSING UNITS where youthful inmates have sight, sound, or physical contact with adult inmates.

SDC Policy 18-101 entitled Youthful Offenders, page 2, section (B)(1)(c) and(e) addresses 115.14(b).

The auditor finds 115.14(b) not-applicable to SDC for the same reason articulated in the narrative for 115.14(a).

Pursuant to the PAQ, the Warden self reports the facility documents the exigent circumstances of each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. The Warden further self reports in the past 12 months, 0 youthful inmates have been placed in isolation in order to separate them from adult inmates.

SDC Policy 18-101 entitled Youthful Offenders, page 2, section (C) addresses 115.14(c).

The auditor finds 115.14(c) not-applicable to SDC for the same reason articulated in the narrative for 115.14(a).

In view of the above, the auditor finds no evidence of non-compliance with 115.14. Accordingly, the auditor finds SDC substantially compliant with 115.14.

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?
X Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) X Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) X Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
X Yes No

115.15 (d)

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

115.15 (e)

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

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports policy authorizes cross-gender strip or cross-gender visual body cavity searches of inmates housed at SDC. No cross-gender strip or cross-gender body cavity searches of inmates were conducted at SDC during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section (K)(1)(a) addresses 115.15(a). Additionally, CC Policy 9-5 entitled Searches of Inmates, Residents, and Various Locations, page 3, section C addresses 115.15(a).

The non-medical staff (involved in cross-gender strip or visual searches) interviewee asserts cross-gender strip or visual searches can only be conducted in emergency situations. For example, an inmate in possession of a weapon or drugs secreted in the rectum would meet the criteria.

During the on-site audit, the auditor found no evidence of the conduct of non-medical staff cross-gender visual body cavity or strip searches of inmates during the last 12 months.

Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The Warden further self reports the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. In the past 12 months, 0 pat-down searches of female inmates were conducted by male staff.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 15 and 16, section (K)(1)(b) addresses 115.15(b).

All 12 random staff interviewees assert if female staff are not available to conduct pat-down searches of female inmates, access to programs or out-of-cell opportunities are not restricted. Three interviewees advise female staff would be called in or there are always female staff on shift.

All six of the random female inmate interviewees assert they have never been unable to participate in activities outside their cell as the result of female staff unavailability to conduct pat-down searches.

The auditor's findings during the on-site audit corroborate the afore-mentioned PAQ statement of the Warden reflected above.

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender searches and cross-gender visual body cavity searches are documented. Additionally, policy requires all cross-gender pat-down searches of female inmates are documented.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section (K)(1)(c) addresses 115.15(c).

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at SDC enabling inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Warden further relates policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, sections (K)(5) and (6) address 115.15(d).

The auditor's review of three photographs of pod entry doors in two housing units reveals a placard displayed above the door stipulating "Opposite Gender Staff Must Announce Upon Entry". During the facility tour, the auditor's observations of the same validated the photographs.

Twenty-one of 26 random resident interviewees (inclusive of female residents) assert opposite gender staff announce their presence when entering the housing unit to which they are assigned. Two of these interviewees assert the same occurs 90-95% of the time while the remaining 19 interviewees assert announcements occur 100% of the time.

In view of the above, the auditor finds SDC substantially compliant with 115.15(d).

All 26 random resident interviewees assert neither they, nor other inmates, are ever naked in full view of opposite gender staff (not including medical staff) while toileting, showering, and changing clothes.

All 12 random staff interviewees assert they and other officers announce their presence when entering a housing unit that houses residents of the opposite gender. Additionally, inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour, the auditor observed opposite gender announcements whenever they entered affected housing units. Such announcements were consistent, regardless of whether the units were male or female.

The auditor notes his observation of camera angles on the Central Control Center monitors reveals bathroom facilities cannot be viewed by officers assigned to monitor the same, nor can inmates be viewed while toileting or changing clothes.

Pursuant to the PAQ, the Warden self reports there is an SDC policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. According to the Warden, no such searches have been conducted during the audit period.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section (K)(2) addresses 115.15(e).

Eleven of 12 random staff interviewees assert they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining that inmate's genital status. Four of these interviewees assert such status could be determined as part of a broader medical examination conducted by a medical practitioner.

The PCM asserts no transgender or intersex residents were housed at SDC at the time of the on-site audit. Accordingly, such interviews were not conducted.

Pursuant to the PAQ, the Warden self reports 100 percent of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

The auditor's review of the CC Search Procedures Facilitator Guide/slides reveals substantial compliance with 115.15(f).

The auditor's review of two Employee Education and Training Records reveals successful completion of the Search Procedures class during March, 2018.

The auditor's review of 14 random staff and contractor training files reveals they received this requisite training either during Pre-Service (prior to contact with inmates) or In-Service (annual training), whichever is applicable to their circumstances.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section b(i) addresses 115.15(f). Additionally, CC Policy 9-5 entitled Searches of Inmates, Residents, and Various Locations, page 3, section C addresses 115.15(f).

All 12 random staff interviewees assert they received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Interviewees assert this training was presented in the form of a Power Point presentation and some assert a video accompanied the afore-mentioned. Training was presented during Orientation and/or In-Service training.

In view of the above, the auditor finds SDC substantially compliant with 115.15.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? X Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? X Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? X Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? X Yes No

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

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? X 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*)

Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled inmates 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 2, (a), and (b) address 115.16(a).

The PCM self reports inmates generally meeting the specialized parameters of 115.16(a) are housed in Hamilton County custody. There are no MOUs between CC and local Braille/Sign Language service providers. However, he relates SDC has access to such services.

It is noted contract mental health providers are on-site (contract provider) to assist with low functioning and inmates who may present with mental health difficulties, should inmates require assistance in understanding PREA materials.

According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are Limited English Proficient (LEP) 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. Specifically, Language Line is used, when necessary, to communicate with LEP inmates. Generally speaking, staff translators can also be used. TTY units are available in every facility and Braille is available in some facilities.

While one female inmate interviewee who presented as low functioning with mental health concerns stated she had not been provided with requisite PREA information at either Intake or Orientation, the auditor's review of her inmate file reviews the opposite. Specifically, she received the same in a timely manner.

When asked whether she was provided such information regarding sexual abuse/harassment in a form she could understand, she reiterated she did not receive the requisite information.

The other inmate interviewee presenting with mental health concerns asserts he did receive materials he can understand.

Of note, the auditor learned a PREA video is displayed throughout the facility at various times throughout the day. The auditor observed the same during the facility tour.

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide LEP inmates 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 2, (a), and (b) address 115.16(b).

The auditor reviewed the contract between CC and Language Line Interpreter Services for provision of services to non-English speaking inmates. Services for 250-plus languages are provided pursuant to this service.

The auditor's review of the Preventing Sexual Abuse & Misconduct pamphlet (written in English and Spanish) and the Inmate Handbook reveals requisite PREA information is provided to inmates in two languages. Additionally, the auditor's review of two Receiving & Discharge Checklists dated April 12, 2018 and September 20, 2018 respectively, reveals one inmate was provided the afore-mentioned documents in English and the other inmate was provided the documents in Spanish.

The PCM advises no Limited English Proficient (LEP) inmates are housed at SDC. The auditor's observation and contact with random inmates during the facility tour validates the statement of the PCM. Accordingly, interview(s) with inmates who are LEP were not conducted.

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or investigation of the inmate's allegations. The Warden further advises the facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of assistants are used.

Reportedly, there were 137 instances, within the past 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. However, the auditor's follow-up with the SDC PCM reveals there were no instances, during the last 12 months, wherein inmate interpreters, readers or other types of inmate assistants have been used pursuant to the afore-mentioned circumstances. Rather, 137 inmates required interpretation/translation services during Orientation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 2(c) address 115.16(c).

Seven of 12 random staff interviewees assert the agency does allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or LEP inmates when making an allegation of sexual abuse/harassment. Four interviewees articulated the same can be employed to preclude the loss of evidence/investigation (3) and one interviewee asserts the same can be employed to protect the victim. Three interviewees assert the strategy cannot be employed while one was not sure and the other interviewee did not think so. All 12 interviewees assert to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to allegations of sexual abuse/harassment.

As policy clearly allows for this practice pursuant to the limited circumstances articulated in 115.16(c) and the same has not been employed at SDC during the last 12 months, the auditor finds no basis for a non-compliance finding. However, it is apparent that further staff training is necessary. Of note, during the interview process, the auditor did provide interviewees with an interactive scenario to reinforce the mechanics of 115.16(c).

The auditor is requiring SDC to retrain staff relative to the subject-matter of 115.16(c). Re-training can be facilitated in a classroom setting, at which, the PC will provide to the auditor a copy of the lesson plan and a roster of attendees. The auditor will then randomly select a sampling of staff and the PCM will provide training certifications reflecting their receipt and understanding of the material presented. Staff participants must sign and date the appropriate documentation, certifying receipt and understanding of the material.

The target date for completion of this training is August 21, 2019.

November 1, 2019 Update:

The auditor's review of training rosters dated September 24 and 25, 2019 reveals the names of 98 staff who attended the requisite training. Information provided by the CCPC reveals the subject-matter was provided both during annual In-Service training and in this specialized training. The auditor's review of the training materials reveals requisite information has now been provided.

The auditor randomly selected 10 staff names from an all-staff roster and their printed names/staff signatures and dates are noted within the 98-name roster. In view of the above, the auditor finds requisite training has occurred.

In view of the above, the auditor finds SDC substantially compliant with 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

- Does the agency consider 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 inmates? X Yes No

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? X 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.) X 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*)

Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

Has engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution;
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; or
Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(1)(a-c) addresses 115.17(a).

The auditor's review of the Self Declaration of Sexual Abuse/Sexual Harassment form (14-2H) reveals compliance with this provision to the extent the three questions are specifically asked, and staff (inclusive of promotion candidates) and contractors affirmatively respond, in writing, to complete the form.

The auditor's review of Self Declaration of Sexual Abuse/Sexual Harassment forms for an applicant (dated June 28, 2018), an employee (dated March 13, 2018), and a contractor (dated January 8, 2018) reveals compliance with 115.17(a). None of these individuals reported any violation of the three questions, plus existence of sexual harassment, articulated in 115.17(a) and (b). Furthermore, the corresponding criminal background record check reveals no positive findings regarding the three questions.

The auditor's review of six Human Resources (HR) files relative to staff hired within the last 18 months, two staff promotions, and two re-hires during the same time frame, reveals compliance with 115.17(a) in all cases. Both the criminal record background checks and 14-2H documents were completed prior to hiring and promotion.

The HR interviewee asserts the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. This applies to contractors who may have contact with inmates, as well. A Questionnaire is forwarded to all previous institutional employers wherein various PREA related questions are addressed.

In addition to the staff files referenced above, the auditor reviewed files related to two contractors, both of whom were originally Corrections Corporation of America (CCA) employees at one time. CCA was subsequently re-branded to CC. Reportedly, when CCA relinquished food service and medical/mental health operations to contracts with private entities, a correctional officer transferred to the contract food service provider (Trinity) and a mental health provider transferred to Well Path, resigned from Well Path, and subsequently re-hired with Well Path. While there was never a break in service with respect to the now Trinity food service employee, the mental health practitioner was re-hired by Well Path in March, 2018.

The auditor's review of a 2014 14-2H Form for the food service contractor reveals substantial compliance with 115.17(a). Additionally, a five-year criminal background records check reveals substantial compliance with 115.17(e).

The auditor's review of both the 14-2H Form and criminal background records check for the mental health re-hire reveals substantial compliance with both 115.17(a) and (d). The auditor notes both processes were completed prior to the contractor commencing work with inmates.

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of 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 inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B addresses 115.17(b). The auditor's review of the Self Declaration of Sexual Abuse/Sexual Harassment form reveals compliance with this provision to the extent the sexual harassment is specifically asked, and staff (inclusive of promotion candidates) and contractors affirmatively respond, in writing, to complete the form.

As referenced in the preceding paragraph, there is a question regarding sexual harassment on the Self Declaration of Sexual Abuse/Sexual Harassment form however, there is no method for validation of the employee's response as reflected on the same. While the auditor addition of a sexual harassment has been added to the Verification of Prior Employment form, the same is still in the implementation phase. With that addition, prior institutional employers are able to attest to any incidents that may have occurred during the employee's tenure with the employer. The criminal record background check generally does not address sexual harassment and accordingly, it is difficult to validate the applicant's statement.

The Human Resources (HR) interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

A discussion of findings regarding the Self Declaration of Sexual Abuse/Sexual Harassment Forms applicable to the auditor's review of random selected staff files is clearly articulated in the narrative for 115.17(a).

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with inmates are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are 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 Warden further self reports during the past 12 months, 137 persons who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(3)(a)(i and ii) addresses 115.17(c).

The HR interviewee asserts the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who are considered for promotions. This also applies to contractors who may have contact with inmates.

The auditor's review of one applicable staff file reveals an inquiry form was forwarded to prior institutional employer(s) relative to substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The auditor's review of 10 of 11 randomly selected staff HR files reveals a criminal background record check was conducted and cleared prior to the date of hiring.

Criminal record background record checks are completed by a contractual provider (First Advantage) and were absent any 115.17(a) convictions.

Pursuant to the PAQ, the Warden asserts agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The Warden further self reports in the past 12 months, there were zero contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. However, as referenced in the narrative for 115.17(a), criminal record background checks were conducted in individual cases of contractor hires or re-hires.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section B(3)(b) addresses 115.17(d).

Pursuant to the PAQ, the Warden self reports agency policy requires either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section B(3)(c) addresses 115.17(e).

The HR interviewee asserts a Background Authorization is executed with staff prior to initiation of a 5-year criminal background record check. HR utilizes a spread sheet to track due dates for the conduct of the same. HR staff utilize an internal Operations Audit Tool. This applies to employees and contractors.

During the on-site audit, the auditor reviewed two random staff files wherein 5-year re-investigations were due. The requisite re-investigation was not completed in either case.

In view of the above, the auditor finds SDC non-compliant with 115.17(e). Accordingly, the auditor is imposing a 180-day corrective action period in which compliance and institutionalization must be demonstrated.

As the auditor has observed the spread sheet tracking tool, he is confident the practice is institutionalized. While the staff to whom the files pertain, transferred from other facilities, the requisite 5-year re-investigation failure was not discovered at SDC. Of note, both HR staff were with the auditor when the failure was discovered.

Given the above, SDC HR staff will secure 5-year re-investigations regarding the affected employees. Additionally, they will audit the spreadsheet to ensure all 5-year re-investigations are current and up to date. If any are overdue, they will secure the same, providing the auditor with a copy of the same. Finally, HR staff will certify, in writing, that all 5-year re-investigations are current and up to date, providing the auditor with a copy of the certification.

The due date for completion of this corrective action is September 12, 2019.

April 1, 2019 Update:

SDC HR staff have forwarded to the auditor 5-year criminal background record checks relative to the two staff mentioned above. Pursuant to the auditor's review, the records were requested on March 21, 2019 and the results of the records reveal no evidence of the existence of 115.17(a) convictions. The record checks were facilitated by a private contractor (First Advantage).

October 22, 2019 Update:

The auditor's review of three five-year criminal background record checks facilitated since completion of the on-site audit reveals substantial compliance with 115.17(e). The investigations were timely and zero violations of 115.17(a) were noted.

In view of the above, the auditor is satisfied corrective action is complete and the requirements of 115.17(e) are institutionalized.

A discussion regarding five-year re-investigations for contractors is addressed in the narrative for 115.17(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(2)(a and b) addresses 115.17(f).

In regard to 115.17(f), the above policy requires the Form 14-2H is completed annually by all staff. It is the auditor's understanding this process is specifically intended to demonstrate compliance with 115.17(f). Specifically, annual employee certification regarding the three questions, as well as, sexual harassment, provides reasonable assurance staff are appropriate for continued employment (freedom from sexual abuse and harassment).

Pursuant to the auditor's review of 13 random staff files, the auditor has determined none of the 2019 14-2H forms have been completed. In seven applicable cases, 2018 14-2H forms have not been completed. In four applicable cases, 2017 14-2H forms have not been completed. Accordingly, these staff did not address the requisite questions and issues regarding sexual abuse/harassment during the performance evaluation cycle for calendar years 2017 through 2019, as applicable. In view of the above, the auditor finds SDC non-compliant with 115.17(f).

The auditor is imposing a 180-day corrective action period wherein SDC staff will demonstrate compliance with 115.17(f), as well as, institutionalization of the same at SDC. The corrective action period expires on November 21, 2019.

To demonstrate compliance, the PCM will submit to the auditor a roster of all SDC staff. He will randomly select names from the roster and submit the same to the SDC PCM. The PCM will forward copies of 2019 14-2H forms to the auditor. When satisfied with the examples, the auditor will close the finding.

October 22, 2019 Update:

The auditor's review of 12 randomly selected 14-2H forms (as described above) encompassing staff titles from all disciplines, reveals 10 of the 12 were properly completed, addressing the three questions articulated in 115.17(a) plus sexual harassment [115.17(b)]. With respect to two of the 12 documents, the four boxes were not checked.

In view of the above, the auditor now finds SDC substantially compliant with 115.17(f).

The HR interviewee asserts the facility asks all applicants and employees who may have contact with inmates about previous misconduct described in 115.17(a) in written applications for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The 14-2H Form is completed annually by each employee.

In addition to the above, the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

Pursuant to the PAQ, the Warden self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(1)(Note) addresses 115.17(g).

The auditor notes the verbiage of 115.17(g) is included in the Self Declaration of Sexual Abuse/Sexual Harassment Form and accordingly, whenever, the employee sign and dates the same, he/she attests to the verbiage of 115.17(g).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section B(3)(d) addresses 115.17(h).

The HR interviewee asserts when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

In view of the above, the auditor finds SDC substantially compliant with 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has not made substantial expansions or modifications to existing facilities since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section V(1) addresses 115.18(a).

According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA. Lines of sight are assessed to enhance inmate sexual and personal safety, and camera surveillance needs to address blind spots. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.

The Acting Warden asserts no new SDC facilities have been acquired nor has there been any substantial modifications to existing facilities, since the last PREA audit.

Pursuant to the PAQ, the Warden self reports the facility has not installed or updated video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section V(2) addresses 115.18(b).

The Acting Warden asserts no new SDC video monitoring system, electronic surveillance system, or other monitoring technology has been installed or updated since the last PREA audit.

In view of the above, the auditor finds no deviation from either CC policy nor standard. Accordingly, the auditor finds SDC substantially compliant with 115.18.

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X 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? X Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? X 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? X Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? X 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 entity 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.) X 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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*)

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). According to the Warden, the Hamilton County Sheriff Department facilitates criminal investigations of sexual abuse at SDC. When conducting administrative investigations, SDC PREA investigators follow a uniform evidence protocol.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 4(a) addresses 115.21(a) in totality.

The auditor's review of the Memorandum of Understanding (MOU) between the Hamilton County Sheriff Office and Core Civic of Tennessee LLC Silverdale Detention Facility, page 2, section II(B)(1)(a) reveals the exact verbiage reflected in 115.21(a).

All 12 random staff interviewees self report they know and understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Seven of the 12 random staff interviewees assert the facility investigator facilitates administrative investigations while eight interviewees assert Hamilton County Sheriff Office investigators facilitate criminal investigations. Of note, the auditor advised all interviewees of the identity of the respective investigators.

A discussion of the First Responder uniform evidence protocol is addressed in the narrative for 115.64.

Pursuant to the PAQ, the Warden self reports youth are not confined at the facility and accordingly, the requirement that the protocol be developmentally appropriate for youth, is not applicable to SDC. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ'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.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 4(b) addresses 115.21(b) in totality.

The auditor's review of the Rape/Sexual Assault Protocol and CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(a)(i) reveals substantial compliance with 115.21(a) and (b). Additionally, the protocol described in the narrative for 115.64 reveals substantial compliance with 115.21(b).

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Forensic medical examinations are offered without financial cost to the victim.

Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs medical examinations.

Efforts to provide SANEs or SAFEs are documented. In the past 12 months, 0 forensic medical exams were conducted relative to SDC inmates who alleged sexual assault.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 4(c) addresses 115.21(c) in totality.

The auditor's review of CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(a)(i) reveals substantial compliance with 115.21(c). Subsequent to examination and determination that transport is necessary, the inmate is transported to Erlanger Baroness Campus or Sexual Assault Crisis & Resource Center. Examination, evidence collection, and prophylaxis treatment for sexually transmitted disease(s) is facilitated at those location(s).

The SAFE/SANE staff interviewee asserts she is a coordinator for SAFE/SANE trained Nurses [Sexual Assault Crisis and Resource Center(SACRC)] who facilitate forensic examinations within Hamilton County, TN. While SAFE/SANE Nurses are on-call, they are generally available on a 24-hour, seven day per week basis. Forensic examinations are not conducted at SACRC, the same are conducted at a local hospital.

The interviewee was not aware of an instance in her tenure wherein a SAFE/SANE Nurse was unable to facilitate a forensic examination.

Pursuant to the PAQ, the Warden self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and the efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified staff member.

The auditor's review of the Partnership for Families, Children, and Adults (Rape Crisis Center) website provides explicit information regarding VA and SAFE/SANE services. Additionally, local monthly meetings with respect to rape crisis are addressed.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 24 and 25, section 4(d)(i) and (ii) addresses 115.21(d) in totality.

The PCM asserts if requested by the victim, a victim advocate or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Specifically, an MOU is in effect with the Partnership for Families, Children, and Adults (Rape Crisis Center).

In the event of a sexual abuse report, SDC staff would prompt a call to the Rape Crisis Center based on the inmate's request.

The PCM reported no inmates who reported a sexual abuse incident were housed at SDC during the entirety of the on-site audit. Accordingly, this interview was not facilitated.

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports

the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 4(e) addresses 115.21(e).

The PCM asserts he has effected contact with Rape Crisis Center Directors, generically addressing Victim Advocate (VA) titles as applied to their positions within the organization and to a minimal extent, training. The organization website reveals they use VAs.

The PCM reports there were no inmates who reported a sexual abuse at SDC, housed at the facility during the on-site audit.

Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a through e) of the PREA standards.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 4 addresses 115.21(f).

The MOU, as discussed in the narrative for 115.21(a), addresses all components of 115.21(f).

In view of the above, the auditor finds SDC substantially compliant with 115.21.

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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).] X 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*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the Warden, in the last 12 months, eight allegations of sexual abuse/harassment were received and all were administratively and criminally investigated. The Warden further self reports all of these administrative investigations were completed.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section (O) addresses 115.22(a) in totality.

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA trained investigator and whenever the investigative arm of the partner (Hamilton County Sheriff Office) is tasked with facilitation of criminal investigations, they are generally PREA trained pursuant to the contract.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. Medical examination and allegations the victim incurred physical harm may trigger a forensic examination as ordered by Medical professionals. The allegation is generally reported to the COS, Warden, and PCM. Notifications to the facility Investigator and/or criminal investigating agency would ensue.

The Agency Head interviewee continued, stating First Responders ensure the victim and perpetrator are separated and perpetrator, if known, is isolated. The victim would likewise remain under staff's physical supervision. Generally, physical evidence is collected by the criminal investigator in a criminal matter. If criminal, the criminal investigator determines interview status and whether the facility Investigator assists. CC investigative staff would assist the criminal investigator in any way needed, inclusive of research and preservation of camera footage, inmate/staff file reviews and retention, review of reports submitted by staff, review of inmate statements (if applicable), and coordination of investigative activities. Additionally, CC officials would support prosecution efforts of both staff and inmates.

The administrative investigation is generally completed by the facility investigator. He/she employs essentially the same protocol however, he/she does interview witnesses and assesses victim, perpetrator, and witness credibility. Finally, the investigator writes an investigative report.

The auditor's review of two administrative sexual abuse investigations reveals the same were completed in a timely manner.

The auditor's review of six of the eight administrative investigations conducted during the last 12 months reveals substantial compliance with 115.22(a). Investigations were thorough, timely, and facilitated in conjunction with Hamilton County Sheriff Department. Of note, the facility investigator appears to maintain a close working relationship with the Hamilton County Sheriff Department.

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation.

The auditor's review of one inmate-on-inmate allegation and accompanying documentation reveals the matter was referred to Hamilton County investigators on May 8, 2018. Documentation of the same is reflected on the accompanying Sexual Abuse Incident Check Sheet.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 20, section 4(a) addresses 115.22(b).

The investigative staff interviewee asserts agency policy requires that allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

The auditor's review of the CC website reveals CC Policy 14-2 is posted on the same. Accordingly, the afore-mentioned verbiage is available on the website.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 20, section 4(a-h) addresses 115.22(c).

As previously indicated in the narrative for 115.22(b), the auditor's review of the CC website clearly reveals SDC is substantially compliant with 115.22(c).

In view of the above, the auditor finds SDC substantially compliant with 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? X 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? X 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? X Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

- X **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*)

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the ten topics listed in 115.31(a).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 6 and 7, section C(1)(ii-xv) addresses 115.31(a).

The auditor's limited review of the CC PREA Overview Facilitator Guide reveals the requisite 10 topics are covered with narrative and slides. All requisite training [as applied to 115.31(a)] is available at SDC.

All 12 random staff interviewees assert they received either/or Pre-Service (prior to inmate contact) and In-Service (annual PREA training) regarding the requisite 10 PREA topics as articulated in 115.31(a).

The auditor's review of two Employment, Education & Training Records (one dated in September, 2017 and the other one dated in June, 2018 relative to the same employee) reveals completion of Initial Orientation and Annual Review PREA training. Additionally, a signed Core Civic PREA Acknowledgment and/or Training Acknowledgment dated June, 2018 relative to the same employee reveals understanding of the subject-matter presented during PREA training and receipt of CC Policy 14-2 entitled Sexual Abuse Prevention and Response.

The auditor's review of 12 random staff training files and two random contractor training files corroborates findings as stated in the preceding paragraph. Accordingly, the auditor finds SDC substantially compliant with 115.31(a).

Pursuant to the PAQ, the Warden self reports training is tailored to the gender of the inmates assigned to the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(1) and page 7, section C(c) address 115.31(b).

The auditor finds training to be appropriate for both inmate genders. The Warden further self reports employees who are reassigned from facilities housing the opposite gender are given additional training. Auditor's Note: Both inmate genders are housed at SDC.

Pursuant to the PAQ, the Warden self reports that 168 staff employed by the facility, who may have contact with inmates, were either trained or retrained in PREA requirements. This equates to 100% training

completion. All employees have received PREA booklets, cards, and receive refresher training during meetings between refresher trainings. According to the Warden, employees who may have contact with inmates receive PREA refresher training on an annual basis.

Pursuant to the auditor's random review of training records as referenced in the narrative for 115.31(a), he concludes SDC is substantially compliant with 115.31(c). Given the fact staff complete Annual PREA Training, SDC exceeds the requirements of 115.31(c). Specifically, the provision requires provision of refresher training on a bi-annual basis, as opposed to, annually.

In view of the above the auditor finds SDC exceeds expectations as articulated in 115.31.

Pursuant to the PAQ, the Warden self reports the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

The requirements of this provision, in terms of actual signatures of understanding, are addressed in the narrative for 115.31(a). Specifically, the auditor's review of PAQ information, as well as, random on-site review of staff files substantiates compliance with 115.31(d).

In view of the above, the auditor finds SDC exceeds standard requirements with respect to 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports all contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section C(2)(a) addresses 115.32(a).

The SDC PCM asserts there are contractors and volunteers at SDC. All receive PREA Refresher Training on an annual basis. The Warden further self reports that 185 volunteers and individual contractors who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Full-time contractors attend instructor-led and on-line specialty training. Part-time agency contractors receive two on-line courses, one on-line specialty training course, and one basic PREA course.

Volunteers attend instructor-led PREA training only.

The contractor interviewee asserts he has been trained in responsibilities regarding sexual abuse/harassment prevention, detection, and response, per agency policy and procedure.

The auditor's on-site review of two randomly selected contractor training files reveals both have been provided requisite PREA training. One contractor was brought on board in March, 2018 (received Pre-Service training prior to inmate contact) and has not yet participated in any In-Service training. The other contractor was reported to have been previously employed by CC and he also received requisite Pre-Service PREA training, as well as, annual PREA training.

The auditor's post-audit review of five random contractor (representing different disciplines) and five random volunteer training files reveals all have received requisite PREA training and all but one medical contractor have also received requisite specialty training as required pursuant to 115.35(a). The medical contractor who did not receive requisite specialty training is a recent hire (April, 2019).

The auditor notes the random contractor files mentioned in the preceding paragraph also reflect completion of PREA training on an annual basis relevant to those contractors who have provided services in excess of one year. This practice clearly exceeds the requirements of 115.32 as there is no requirement for re-familiarization. Accordingly, the auditor finds SDC exceeds requirements for 115.32.

Pursuant to the PAQ, the Warden self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. The Warden further self reports all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section C(2)(b) addresses 115.32(b).

The contractor interviewee asserts the above training addressed a response to a sexual abuse scenario. The CC PREA training provided to Trinity Foods contractors is identical to that provided to CC staff.

Auditor's Note: The training provided to CC staff is addressed in the narrative for 115.31. PREA training is also presented by Trinity in both on-line and in-person presentations.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section C(2)(c) addresses 115.32(c).

The auditor's review of requisite training documents reveals contractors sign and date the same, confirming they understand the training they received.

In view of the above, the auditor finds SDC exceeds the requirements of 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? X Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? X Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? X Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 8156 inmates were admitted to SDC during the last 12 months, of which 100% were provided the requisite information at intake. The PCM confirms this statement.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section I(1) addresses 115.33(a).

The intake staff interviewee asserts he provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. He provides inmates with the CC PREA pamphlet and the Inmate Handbook. Additionally, he directs intakes to the posters on the walls.

Twenty-three of the 31 random inmate interviewees assert when they first came to SDC, they did receive information about the facility's rules against sexual abuse/harassment.

The auditor's review of two Receiving & Discharge Checklists dated January 18, 2018 and September 20, 2018 respectively reveals substantial compliance with established policy and procedure. One document pertains to an English-speaking inmate while the other applies to a non-English speaker.

The auditor's review of 15 randomly selected inmate files, pertaining to many random interviewees who reported they did not receive requisite information as required pursuant to 115.33(a), reveals 14 inmates received timely information regarding the requirements of 115.33(a). The auditor notes new intakes are initially placed in Admission and Orientation pods upon arrival at SDC. The affected inmates were provided the previously referenced documents upon admission to SDC.

The auditor also notes a PREA video is reportedly presented on the facility television system on a daily basis. During the facility tour, the auditor did observe the same.

The auditor's review of page 7 of the SDC Inmate Handbook (English and Spanish) reveals the agency's zero tolerance policy and reporting procedures are clearly articulated in the same. This document is provided to inmates at Intake, as well as, the Preventing Sexual Abuse & Misconduct brochure (English and Spanish). They sign for both documents (utilizing the Receiving & Discharge Checklist, signifying receipt of the same.

Pursuant to the PAQ, the Warden self reports 1774 inmates were admitted to SDC during the last 12 months whose length of stay was 30 days or more. According to the Warden, all of these inmates received comprehensive PREA education within 30 days of Intake. The PCM also reports the same to be accurate.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section I(1) addresses 115.33(a).

The intake staff interviewee asserts the previously referenced pamphlet and Inmate Handbook are provided during intake and the PREA video is provided during subsequent Orientation and is displayed on the pod televisions.

Nineteen of the 31 random inmate interviewees assert when they first came to SDC, they were told about their right not to be sexually abused/harassed, how to report sexual abuse/harassment, and their right not to be punished for reporting sexual abuse/harassment. Generally, interviewees assert they received this training within the first week of arrival, many within the first three days of arrival.

The auditor's review of Inmate Orientation documents dated August 27, 2018 and September 6, 2018 reveals the inmate participant received PREA education from his case manager/unit counselor within 72 hours of arrival and he/she understands the same. The inmate's name, signature, and date are affixed to the document, as well as, those of the case manager/unit counselor.

The auditor's review of 15 randomly selected inmate files, pertaining to many whom reported they did not receive requisite information as required pursuant to 115.33(b), reveals all inmates received timely information regarding the requirements of 115.33(b). It is noted one file reveals 115.33(b) information was provided within the first three weeks of arrival at SDC.

The auditor also notes a PREA video is reportedly presented on the facility television system on a daily basis. During the facility tour, the auditor did observe the same.

Pursuant to the PAQ, the Warden self reports all affected inmates, received within the last 12 months, have been educated within 30 days of Intake. The Warden further self reports agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual harassment and retaliation for reporting such incidents and on agency policies and

procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 13 and 14, section I(1)(a-i) addresses 115.33(c).

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all inmates, including those specific groups listed in the verbiage of 115.33(d).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 14, section I(2)(a) and (b) addresses 115.33(d).

The Language Line and other methods of training provision to groups of inmates described in 115.33(d) are delineated in the narrative for 115.16. The PCM further self reports inmates who require sign language or Braille services are housed at the Hamilton County Jail.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation of inmate participation in PREA sessions.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 14, section I(3) addresses 115.33(e).

With respect to the documentation identified in the narratives for 115.33(a-c), the auditor reviewed the same when reviewing random inmate files. Conclusions are based on the completed documents.

Pursuant to the PAQ, the Warden self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 14, section I(4) addresses 115.33(f).

The auditor's review of one poster that was included in the PAQ packet reveals the same clearly advises inmates they have a right to be free from sexual abuse/harassment and provides telephone numbers for reporting sexual abuse/harassment allegations. Additional posters observed during the facility tour also provide education and reporting information in response to sexual assault/harassment. The Inmate Handbook and PREA brochures are addressed in the narrative for 115.33(a).

In view of the above, the auditor finds SDC substantially compliant with 115.33.

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

Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section b(i) addresses 115.34(a).

The investigative staff interviewee asserts she did complete investigative PREA specialty training during 2016. The training consisted of a three hour on-line course.

The auditor's review of the SDC PREA Investigator training records reveals she completed a three hour PREA Investigator training (Relias Learning) with a Certificate dated June 20, 2018. The auditor's review of the lesson plan from the PREA: Investigation Protocols course reveals discussions regarding techniques for

interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics. The auditor's review of the COS' training file reveals he is the backup PREA investigator and he completed specialty training on May 21, 2013.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section b(i) addresses 115.34(b).

The training curriculum and documentation of completion is addressed in the narrative for 115.34(a).

The investigative staff interviewee asserts training topics included as follows:

Techniques for interviewing sexual abuse victims;
Proper use of Miranda and Garrity warnings;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative or prosecution referral.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that investigators have completed the required training. The Warden further self reports SDC currently employs one PREA Investigator and she has completed the required training. Additionally, an alternate administrative sexual abuse investigator is employed by SDC.

A discussion regarding credentials appears in the narrative for 115.34(a).

In view of the above, the auditor finds SDC substantially compliant with 115.34.

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? X Yes No

- 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? X Yes No

- 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? X Yes No

- 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? X Yes No

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.) 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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*)

Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities (all are contract). According to the Warden, four medical and mental health care practitioners work regularly at the facility and have received the requisite training. However, pursuant to additional contact with the PCM, it has been determined there are five medical and mental health care practitioners who work regularly at the facility and have received the requisite specialty training. This equates to 100% of medical and mental health care practitioners who work regularly at the facility and have received training.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section b(ii) addresses 115.35(a).

The auditor's review of the CC specialty PREA training DVD reveals coverage of all components of 115.35(a).

Both medical and contract mental health staff interviewees assert they completed specialty training regarding sexual abuse/sexual harassment in a confinement setting. The training was provided in a three hour on-line format. The training addressed the following:

How to detect and assess signs of sexual abuse/harassment;
How to preserve physical evidence of sexual abuse;
How to respond effectively and professionally to victims of sexual abuse/harassment; and
How and to whom to report allegations or suspicions of sexual abuse/harassment.

The auditor's review of Employee Education & Training Records for both an employee and a contractor reveals receipt of either Orientation or In-Service PREA training, as well as, the requisite specialty training. Review of three additional contractor transcripts reveals they received specialty training as required by 115.35(a).

Pursuant to the PAQ, the Warden self reports forensic examinations are not conducted at SDC. Accordingly, the auditor finds 115.35(b) not applicable to SDC.

The medical staff interviewee asserts forensic medical examinations are not facilitated at SDC.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section b(ii) addresses 115.35(d).

The auditor's review of one randomly selected medical/mental health practitioner's training file reveals he/she has not yet completed annual PREA refresher training however, In-Service training documentation was clearly present in the file. Review of three additional training transcripts, as previously mentioned in the narrative for 115.35(a), reveals contract medical providers received the required training specified in 115.31 and 115.32.

In view of the above, the auditor finds SDC substantially compliant with 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? X Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? X Yes No

115.41 (h)

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

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? X 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*)

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(1) addresses 115.41(a).

The staff responsible for risk screening interviewee asserts he screens inmates upon admission to SDC or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

Eighteen of 31 random inmate interviewees assert when they first came to SDC, there were asked questions like whether they had been in jail or prison before, whether they had ever been sexually abused, whether they identify as being lesbian/gay/bisexual (LGB), and whether they think they might be in danger of sexual abuse at the facility. Two of the interviewees were admitted to SDC in excess of the last 12 months and accordingly, they were not asked the question as reflected in the Random Inmate Questionnaire.

Sixteen of the 18 random inmate interviewees assert they were asked the questions within 72 hours of arrival.

The auditor's review of 15 random inmate files (several in follow-up to random inmate interviewees who asserted they were not asked the afore-mentioned questions) reveals the relevant questions were asked in all but one case within 24 hours of arrival.

Pursuant to the PAQ, the Warden self reports policy requires inmates be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the past 12 months, the Warden self reports 4582 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(1)(a) addresses 115.41(b). This policy stipulates all inmates will be screened within 24 hours of arrival at the facility.

The auditor's review of two Initial Assessment Questionnaires reveal both were completed within 24 hours of arrival at SDC.

The staff responsible for risk screening interviewee asserts he screens inmates for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake (24 hours pursuant to controlling policy).

Pursuant to the PAQ, the Warden self reports the risk assessment is conducted using an objective screening instrument.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 12 and 13, section H(1)(c) addresses 115.41(c). This policy stipulates all inmates will be screened within 24 hours of arrival at the facility.

The auditor's review of the Form 14-2B reveals the same is, for the most part, based on objective criteria.

The auditor's review of the Form 14-2B Assessment reveals the intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

1. Whether the inmate has a mental, physical, or developmental disability;
2. The age of the inmate;
3. The physical build of the inmate;
4. Whether the inmate has previously been incarcerated;
5. Whether the inmate's criminal history is exclusively nonviolent;
6. Whether the inmate has prior convictions for sex offenses against an adult or child;
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
8. Whether the inmate has previously experienced sexual victimization;
9. The inmate's own perception of vulnerability;
10. Whether the inmate is detained solely for civil immigration purposes.

Of note, other subjective questions are asked pursuant to the PREA Assessment Questionnaire Information. Additionally, as reflected on the afore-mentioned form and pursuant to CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(1)(b), the inmate's file and other source documentation are reviewed to validate the screening tool findings and inmate interview.

In response to issues considered in the initial risk screening, the two staff responsible for risk screening interviewees assert the following are considered with respect to the screening instrument:

Sex charges against adults or children;
Have you been approached for sex while incarcerated;
Developmental or physical/mental disabilities;
Small or diminutive in stature;
Is detention related to civil immigration charges;
LGBTI status;
Sexual abuse charges against the inmate in the past; and
Age.

In regard to the actual screening process, the staff responsible for risk screening interviewee asserts he first pulls the curtain surrounding the R&D work desk to afford privacy to the interviewer and inmate. One at a time, the inmate sits directly in front of the interviewer, discretely responding to the questions asked by the interviewer. The interviewee is not within earshot of other inmates. The CC screening tool is used to facilitate this process and all inmates are administered the same screening tool. Reassessments are conducted in staff offices behind closed doors.

Auditor's Note: The auditor observed the process as described by the interviewee (mock) and is comfortable with the confidentiality of the interview. There is sufficient space between work stations and as the interviews are conducted in low volume, hearing audible responses would be difficult for other inmates.

The auditor's review of the Form 14-2B Assessment reveals the intake screening and reassessment minimally considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Prior convictions and administrative disciplinary actions are considered.

Pursuant to the PAQ, the Warden self reports the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The Warden further self reports 1774 inmates, who were admitted to the facility during the last 12 months, were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since Intake. Reportedly, this equates to 100% reassessments of all Intakes during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section H(2)(a) addresses 115.41(f).

The staff responsible for conducting risk screening reassessments interviewee asserts the same are facilitated within 30 days of arrival at SDC.

Twenty-three of 31 random inmate interviewees assert they were not asked the same questions articulated in the narrative for 115.41(d) again while he/she has been at SDC.

The auditor's review of 15 inmate files (several in follow-up to random inmate interviewees who asserted they were not asked the afore-mentioned questions during a reassessment) reveals the relevant questions were asked within 30-days of arrival at SDC in all but two cases. At the time of the on-site audit, one additional case was not yet due for reassessment. Clearly, random file reviews negate the assertions of the majority of random inmate interviewees.

Pursuant to the PAQ, the Warden self reports the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section H(2)(b) addresses 115.41(g).

The staff responsible for risk screening interviewee asserts the case managers facilitate reassessments of an inmate's risk level due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization/abusiveness. The unit manager reviews the same for accuracy, timeliness, etc.

The auditor notes one substantiated sexual abuse allegation occurred on October 2, 2018 and the administrative investigation was completed on October 6, 2018/criminal investigation completed on October 7, 2018. The PCM asserts a reassessment was not completed as the resident released on November 17, 2018. The auditor finds the same to be reasonable.

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the inmate has a mental, physical, or developmental disability;
Whether or not the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the inmate has previously experienced sexual victimization; and
The inmate's own perception of vulnerability.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section H(3)(a-d) addresses 115.41(h).

The PCM self reports during the last 24 months, 0 inmates have been disciplined for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the inmate has a mental, physical, or developmental disability;

Whether or not the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the inmate has previously experienced sexual victimization; and
The inmate's own perception of vulnerability.

Both staff responsible for risk screening interviewees assert 0 inmates have been disciplined for refusing to respond to or for not disclosing complete information related to the afore-mentioned issues.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 4, section A(2) addresses 115.41(i).

According to the CCPC, SDC PCM, and staff who perform screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. Such information is shared on a "Need to Know" basis only with SDC executive staff, unit managers, captains, lieutenants, teachers, counselors, case managers, and medical/mental health staff. The SDC PCM determines digital system rights for affected staff.

The PCM asserts R&D staff, unit management, mental health, and facility executive staff are proper recipients of an inmate's risk assessment information.
The staff responsible for risk screening interviewees assert the agency has outlined who can have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. The investigator, unit staff, and facility executive staff are proper recipients of such information.

In view of the above, the auditor finds SDC substantially compliant with 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? X Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay,

bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? X Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(1) addresses 115.42(a). CC Policy 18-2 entitled Classification and Inmate/Resident Management, page 4, sections E(7) (c) and (d) also addresses 115.42(a).

In response to how the facility uses information from risk screening during intake to keep inmates from being sexually victimized or being sexually abusive, the PCM asserts the screening tool defines Potential Victims (PVs)/Known Victims (KVs) and Potential Predators (PPs)/Known Predators (KPs) by virtue of inmate responses, file reviews, etc. Identification of these classifications allows for geographical separation of PVs/KVs from PPs/KPs within the facility/units/pods. While the Intake Sergeant facilitates initial screening, he/she also assigns housing. If a housing assignment is overridden, there is an electronic record of the same. The staff responsible for initial risk screening interviewee asserts high risk KPs/PPs are geographically separated from KVs/PVs within the facility. R&D staff facilitate bed assignments.

The screening tool results are keyed electronically and information auto-populates, assessing KV/PV/KP/PP status. A warning generates, which takes an override to place a PV with a PP or KV with a KP. Overrides are the province of specific identified staff.

The auditor's review of two complete sets of decision-making documents reveals all requisite information relied upon to make both housing and work assignments. The Initial Intake Screening and PREA Assessment Questionnaire Information are used in this process.

Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each inmate.

CC Policy 18-2 entitled Classification and Inmate/Resident Management, page 3, sections C(1)(a-e) and page 4, section E(1) addresses 115.42(b).

Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each inmate.

CC Policy 18-2 entitled Classification and Inmate/Resident Management, page 3, sections C(1)(a-e) and page 4, section E(1) address 115.42(c).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 14, section J(1)(a) addresses 115.42(d).

The PCM asserts placement and programming assignments for each transgender/intersex inmate are reassessed twice per year to review any threats to safety experienced by the inmate.

One of the staff responsible for risk screening interviewees (unit manager) asserts placement and programming assignments for each transgender/intersex inmate are reassessed at least twice per year to review any threats to safety experienced by the inmate. While there were no transgender/intersex inmates at SDC during the on-site audit, the interviewee was aware of the requirement.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 14, section J(1)(a) addresses 115.42(e).

The PCM asserts transgender/intersex inmates' views with respect to his/her own safety are given serious consideration in placement and programming assignments.

The staff responsible for risk screening interviewee asserts transgender/intersex inmate view(s) of his/her safety is/are given serious consideration in placement and programming assignments.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section K(5) and (6)(a) addresses 115.42(f).42(f).

The PCM asserts transgender/intersex inmates are given the opportunity to shower separately from other inmates. Males and females can be showered in R&D or, in the alternative, they can be showered in the housing units during counts or after lockdown.

Both staff responsible for risk screening interviewees essentially corroborate the statement of the PCM.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section J(1)(c) addresses 115.42(g).

According to the CCPC, facility staff in all CC facilities are keenly aware designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex inmates unless the agency is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates.

In view of the above, the auditor finds SDC substantially compliant with 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? X Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? X Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? X Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? X Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? X Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? X Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? X Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? X Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? X Yes No

115.43 (c)

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

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? X 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? X Yes No

115.43 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Acting Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. The Warden further self reports 0 inmates at risk of sexual victimization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section 2(b) addresses 115.43(a).

The Warden asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse, in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section 2(f)(i-iii) addresses 115.43(b).

The staff who supervise inmates in segregated housing interviewee asserts inmates placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, have access to privileges and programs. Additionally, they may have access to work opportunities based on classification considerations. There are no educational opportunities at SDC.

If the facility restricts access to programs, privileges, or work opportunities, facility staff document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations.

The PCM advised there were no inmates in segregated housing for risk of sexual victimization or who alleged to have suffered sexual abuse, during the time the on-site audit was conducted. Accordingly, interviews of such inmates could not be conducted.

During the course of the on-site audit, the auditor did not find any inmates housed in segregated housing at high risk for sexual victimization.

Pursuant to the PAQ, the Warden self reports in the past 12 months, 0 inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section 2(c) addresses 115.43(c).

The Acting Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Weekly segregation reviews (facilitated by a multi-disciplinary team) are utilized to assess expedited release from segregation.

The staff who supervise inmates in segregated housing interviewee corroborates the above statements of the Acting Warden.

As previously indicated in the narrative for 115.43(a), the Warden self reports 0 inmates at risk for sexual victimization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section 2(d) addresses 115.43(d).

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 15, section 2(e) addresses 115.43(e).

As previously referenced in the narrative for 115.43(c), the staff who supervises inmates in segregated housing asserts segregation is tracked and assessed on a weekly basis to determine if continued placement is warranted.

In view of the above, the auditor finds SDC substantially compliant with 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? X Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? X Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? X Yes No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? X Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 16 and 17, section L(1)(a)(i-viii) addresses 115.51(a). This policy stipulates inmates/detainees who are victims of sexual abuse/sexual harassment as defined in this provision, retaliation from staff or inmates for reporting incidents as defined in this provision, or staff neglect for violation of responsibilities as defined in this provision, have the option to report an incident to a designated employee other than an immediate point of contact line officer by using any of the following methods:

Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call;
Calling the facility's 24 hour toll-free notification telephone number;
Verbally telling any employee, including the facility Chaplain;
Forwarding a letter, sealed and marked "confidential" to the Warden/Facility Administrator or any other employee;
Calling or writing someone outside the facility who can notify facility staff;
Forwarding a letter to the Core Civic Managing Director, Facility Operations;

Additionally, inmates may electronically report allegations of sexual abuse and harassment to any department listed in the C-ORES system as a contact; and may facilitate an anonymous phone reporting

through the Rape Crisis Center, Partnership, FCA, 300 East 8th Street, Chatanooga, TN 37403. Crisis Hot line is 423-755-2700. These represent sources outside the facility.

The auditor's review of one sexual assault investigation dated May 22, 2018 reveals the alleged victim called a third-party and he/she reported the same on May 8, 2018. The incident occurred on May 7, 2018. Clearly, the inmate utilized a reporting method articulated in policy.

The auditor's review of page 7 of the Inmate Handbook addresses reporting mechanisms for inmates.

Eleven of the 12 random staff interviewees identified two or more methods in which inmates can privately report sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Methods of reporting cited are as follows: call the Hotline; submission of a grievance; verbal report to any staff member; third party report; emergency request to Warden; call Rape Crisis Hotline; contact CC Ethics Hotline; submit written letter. The most common method of reporting cited was contacting the Hotline.

All of the 31 random inmate interviewees were able to identify one or more methods in which inmates can privately report sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Cited methods of reporting are as follows: call Hotline; submission of a grievance; verbal report to any staff member; third party report; submit a written letter. The most common methods of reporting cited were access to a hotline and verbal report to staff. Interviewees cited reports to the Hotline and family as the best options for reporting to someone who does not work at the facility.

As previously mentioned, the auditor's review of one PREA poster included in the PAQ reveals reporting names, addresses, and telephone numbers.

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for inmates to report sexual abuse or harassment to a public or private entity or office that is not part of the agency. The Warden further self reports the agency does have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. However, no detainees, housed solely for civil immigration purposes, are confined at SDC.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 17, section L(1)(a)(viii) and (b) address 115.51(b). This policy stipulates inmates/detainees who are victims of sexual abuse/sexual harassment as defined in this provision, are subject to retaliation from staff or inmates for reporting incidents as defined in this provision, or staff neglect for violation of responsibilities as defined in this provision, have the option to report an incident to a designated employee other than an immediate point of contact line officer by using any of the following methods:

Anonymous phone reporting through the Rape Crisis Center, Partnership, FCA, 300 East 8th Street, Chatanooga, TN 37403. Crisis Hot line is 423-755-2700.

The auditor's review of the MOU between CC (SDC) and Rape Crisis Center, Partnership, FCA, 300 East 8th Street, Chatanooga, TN 37403 reveals substantial compliance with 115.51(b).

The PCM self reports during the last 24 months, 0 inmates were detained at SDC solely for civil immigration purposes.

The PCM asserts the facility provides at least one way for inmates to report sexual abuse/harassment to a public/private entity or office that is not part of the agency. This is accomplished pursuant to an MOU with the Rape Crisis Center. They forward an email to administrators subsequent to receipt of a report of sexual abuse/harassment.

The procedures enable receipt and immediate transmission of inmate reports of sexual abuse/harassment to agency officials that allow the inmate to remain anonymous upon request. Anonymity is addressed in the MOU mentioned in the preceding paragraph.

Sixteen of the 31 random inmate interviewees assert they are allowed to give a report of sexual abuse/harassment without providing their name. Of note, 11 of the interviewees (who did not respond in the affirmative) advise they either didn't know or couldn't remember.

Despite the availability of numerous methods to be informed regarding the nuances of reporting, the auditor noted some disinterest and/or apathy in regard to the subject-matter, some verbalized by interviewees.

During the facility tour, the auditor tested the Rape Crisis Hotline (previously mentioned) and found the same to be functional. The PCM received an email in follow-up to the test. The call is toll-free and unmonitored.

Pursuant to the PAQ, the Warden self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Warden further self reports staff are required to immediately document verbal reports.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 17, section L(2) addresses 115.51(c).

The auditor notes the CC PREA Brochure provided to inmates at Intake provides explicit information regarding reporting procedures.

All 12 random staff interviewees assert inmates can report allegations of sexual abuse/harassment verbally, in writing, anonymously, and from third parties. All interviewees advise they document verbal reports and 11 of the 12 interviewees assert they document the same immediately.

Twenty-nine of 31 random inmate interviewees assert they can make reports of sexual abuse/harassment both verbally and in writing. Twenty-two of 31 interviewees assert someone else (e.g. friend or relative) can make the report for them so that the victim does not have to be named.

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The Warden further reports staff are directed to call the CC Ethics Hotline, as advertised pursuant to the CC website and posters observed in areas of staff gathering within the facility. Finally, the auditor's review of the CC Code of Ethics publication reveals the telephone number for the Ethics Hotline to facilitate such reporting.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section 2(d) addresses 115.51(d).

The auditor's review of a CC Ethics Line poster provides a method staff can access for private reporting of sexual abuse/harassment issues.

All 12 random staff were able to cite two or more methods for private reporting of sexual abuse/harassment of inmates. Methods of reporting cited were verbal or written report to supervisor/investigator/HR, contact the Ethics Hotline, and contact the Rape Crisis Hotline.

In view of the above, the auditor finds SDC substantially compliant with 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section L(1)(c) addresses 115.52. This policy stipulates as follows:

Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's inmate/detainee grievance process. Should a report be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer (ADO). The PCM asserts within the last 12 months, zero inmates have filed or attempted to file a PREA- related issues pursuant to the facility grievance policy. The auditor finds the same to be synonymous with the above policy stipulation.

In view of the above and the fact the auditor finds no deviations with respect to 115.52 and its implementation, SDC is substantially compliant with 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape organizations;
 Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and
 Enabling reasonable communication between inmates and these organizations in as confidential manner as possible.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section F(2) addresses 115.53(a).

The auditor's review of the SDC Inmate Handbook reveals the telephone number for the Crisis Hotline and Rape Crisis Center is noted on page 7. Additionally, the address and telephone numbers are captured on the PREA poster included in the PAQ packet.

Eighteen of the 31 random inmate interviewees assert services are available outside of the facility for dealing with sexual abuse, if needed. Seventeen of the 31 random inmate interviewees assert they do not know what services are available however, 20 of the interviewees assert the services are listed on posters/ laminated memorandums, pamphlets, and pursuant to staff instruction (one interviewee). Four interviewees cited the Rape Crisis Center provides such services. Eighteen interviewees assert telephone calls to the services are toll-free. Finally, 18 interviewees assert they could talk to staff from these services anytime while three interviewees assert calls must be made during regular telephone hours.
 AUDITOR's NOTE: Clearly, inmates are aware of or have a means to educate themselves regarding access to outside victim advocates for emotional support services related to sexual abuse.

The PCM reports there were no inmates who reported a sexual abuse (allegedly occurring at SDC) on-site at the time of the on-site audit. The auditor's cursory review of random sexual abuse investigations against an inmate roster validates the PCM's statement. Accordingly, such interviews could not be conducted.

The auditor's observation of posters and laminated memorandums during the facility tour validates the statements of the inmates.

Pursuant to the PAQ, the Warden self reports the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The Warden further self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section F(3) addresses 115.53(b).

Eighteen of 31 random inmate interviewees assert when they speak to staff from the services alluded to in the narrative for 115.53(a), the conversation remains private. Nine of these same interviewees assert the conversations with them could be told to or listened to by someone else. Twelve interviewees did not know what would happen in such circumstances.

In regard to those nine interviewees who reported the conversations could be told to or listened to by someone else, mandatory reporting issues (e.g. law enforcement use, reports of self-injurious behavior) were the reasons cited.

The auditor was not provided any evidence validating the subject-matter of 115.53(b). In view of the same and the statements of random inmate interviewees, the auditor finds SDC non-compliant with 115.53(b). Accordingly, the auditor is imposing a 180-day corrective action period in which facility staff must demonstrate compliance with 115.53(b) and institutionalization of the subject-matter therein. The due date for completion of corrective action is November 21, 2019.

To attain compliance with 115.53(b), the SDC PCM will collaborate with Corporate staff, developing relevant verbiage, addressing the parameters of confidentiality and mandatory reporting related to communication with assistance services, for inclusion in the SDC Inmate Handbook, a poster, or the PREA brochure. While every specific scenario cannot be brainstormed and captured in the narrative, general information can be provided to alert inmates regarding service provider obligations to report. With this strategy, inmates will readily have access to the requisite information immediately upon Intake. The SDC PCM will forward copies of the above to the auditor for review and inclusion in the audit file.

Pursuant to standard procedure, inmate receipt of the Inmate Handbook/PREA brochure is documented. The PCM will forward a copy of an inmate roster reflecting inmates received subsequent to the date on which the updated Inmate Handbook was forwarded to the auditor. The auditor will randomly select names and the PCM will provide the auditor with relevant documentation certifying the inmate's receipt of the updated version of the Inmate Handbook.

In addition to the above, this information will be included in the Orientation presentation. Accordingly, the Orientation lesson plan must be modified to address the same. The PCM will forward a copy of the amended plan to the auditor for inclusion in the record. In conjunction with the corrective action identified in the preceding paragraph, the PCM will forward relevant documentation validating the selected inmate's completion of Orientation wherein the new subject-matter was presented.

Finally, staff stakeholders must be notified regarding this information. Accordingly, a memorandum can be developed, articulating the parameters as referenced above, and distributed to the Warden, PCM, Quality Assurance Manager, PREA Investigator, all unit and case management staff, and any other stakeholders identified by the PCM. A copy of the memorandum, inclusive of all stakeholders' signatures and date(s) of receipt, will be forwarded to the auditor for inclusion in the record. In the alternative, the PCM can develop a training syllabus and forward the same to the auditor, inclusive of training documents reflecting staff completion of the training.

October 22, 2019 Update:

The auditor's review of the amended SDC Inmate Handbook now reveals inclusion of language regarding mandatory reporting by Crisis Center staff. Additionally, the CoreCivic trifold PREA pamphlet has been amended to address the requirements of 115.53(b).

The official lesson plan was not modified. However, a memorandum was developed and reviewed by all employees, specifically addressing the subject-matter of 115.53(b). This same memo is used during the training process to ensure that information is properly covered with new staff and inmates.

October 25, 2019 Update:

The auditor's review of 10 of 11 randomly selected inmate Silverdale Detention Facility Receiving and Discharge Checklists reveals all affected inmates received the amended SDC Inmate Handbook and CC trifold in a timely manner (defined in the narrative for 115.33). Each affected inmate signed and dated the afore-mentioned form, signifying receipt of these items.

In view of the above, the auditor now finds SDC substantially compliant with 115.53(b).

Pursuant to the PAQ, the Warden self reports the facility maintains MOUs or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains copies of the agreement(s).

The auditor's review of the MOU between CC and Partnership for Families, Children, and Adults Inc. reveals substantial compliance with 115.53.

In view of the above, the auditor finds SDC substantially compliant with 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Pursuant to the auditor's review of the CC website,

any inmate sexual abuse/sexual harassment reporter may report anonymously to the Warden (via letter). The facility address and name of the Warden are clearly documented on the website. Additionally, reporters may contact the National Sexual Assault Hotline and an additional CC Ethics Hotline [hosted by a third-party Hotline provider (number posted on the CC website)]. Reports can also be reported on-line to the CC Ethics Division. The Warden further self reports the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section L(4) addresses 115.54(a).

The auditor's review of page 7 of the Inmate Handbook reveals a third-party reporting tip wherein inmates are encouraged to report the incident to someone outside the facility and they can telephone administrative facility staff.

The auditor's review of one investigation of an alleged sexual assault incident that occurred on May 7, 2018 reveals the same was reported via third-party report.

In view of the above, the auditor finds SDC substantially compliant with 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? X Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? X 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? X 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? X 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?
X Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? X 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? X 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? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 17, section L(2)(a)(i-iii) addresses 115.61(a).

All of the 12 random staff interviewees assert the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in the facility, retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Eleven interviewees assert the report is to be made immediately to their supervisor, the shift commander, the highest ranking official on site at the time, counselor, unit manager, or ADO staff. One interviewee asserts such report must be made as soon as possible.

Of note, one of the interviewees asserts the report can be made to the counselor or unit manager.

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing 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.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section L(2)(c) addresses 115.61(b).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section L(2)(e) addresses 115.61(c).

Both the medical and mental health interviewees assert at the initiation of services to an inmate, medical and mental health staff disclose the limitations of confidentiality and their duty to report. While the medical interviewee is an RN, she serves as a CC contract monitor for Well Path. Well Path staff provide contracted medical/mental health services at SDC. The interviewee asserts the contractor's staff are bound to disclose the limitations of confidentiality and their duty to report at the commencement of services. They are required to document the same on the Initial Assessment. The contracted mental health interviewee corroborates the medical interviewee's statement, with the exception that he may document the advisement in Progress Notes.

Both interviewees assert they are absolutely required to report any knowledge/suspicion/information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of the same.

The medical interviewee reports she has not been personally made aware of such incidents during this audit period while the mental health interviewee asserts he has become privy to such a report and he passed the same to the appropriate SDC official.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section L(2)(f) addresses 115.61(d). This policy stipulates such reports are forwarded to the Hamilton County Sheriff Department.

The Acting Warden asserts 0 inmates under the age of 18 years of age are housed at SDC. In regard to vulnerable adults, any allegations are reported to Hamilton County for further dissemination to the appropriate agency/department.

According to the CCPC, if an inmate under the age of 18 or a vulnerable adult were housed at a CC facility, he would ensure facility staff notify either Child Protective Services or Adult Protective Services or applicable agency, based on the situation and nature of the contract.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 17, section L(2) addresses 115.61(e).

The Acting Warden asserts all allegations of sexual abuse/harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigator(s).

The auditor's review of random sexual abuse/harassment investigations, as described in the narrative for 115.71, reveals allegations were forwarded to the investigator. In view of the above, the auditor finds SDC substantially compliant with 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports when the agency or facility learns an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (e.g. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the past 12 months, there was 0 instances wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 1, section entitled Policy addresses 115.62(a).

The Agency Head interviewee advises immediate isolation of the potential victim is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may be placed in Segregation status. The contractual requirements of the partner will dictate the ability to transfer both the potential victim and potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.

The Acting Warden asserts when it is learned an inmate is subject to a substantial risk of imminent sexual abuse, he/she is immediately removed to a safe place, generally within the facility.

All 12 random staff interviewees corroborate the statement of the Warden in terms of removal of the potential victim to a safe space and 11 of the 12 interviewees assert the action is taken "immediately".

In view of the above, the auditor finds SDC substantially compliant with 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the past 12 months, there was 0 allegations received at the facility wherein an inmate was abused while confined at another facility.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 20, section 3(a) addresses 115.63(a).

Pursuant to the PAQ, the Warden self reports agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 20, section 3(a) addresses 115.63(b).

Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 20, section 3(c) addresses 115.63(c).

Pursuant to the PAQ, the Warden self reports the facility requires that allegations received from other facilities/agencies are investigated in accordance with PREA standards. The Warden further self reports in the past 12 months, 0 allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at SDC.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 20, section 3(d) addresses 115.63(d).

The Agency Head interviewee advises if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call. Subsequent to receipt of such a call, the Warden would advise the facility investigator to open an investigation. Dependent upon the circumstances, the investigator would initiate an administrative investigation or contact the Hamilton County Sheriff Office to initiate a criminal investigation.

The Acting Warden asserts a full investigation is conducted when an allegation is received from another facility or agency that an incident of sexual abuse/harassment occurred at SDC. In regard to whether there are examples of another facility or agency reporting such allegations, the interviewee asserts he has no first hand knowledge of receiving such reports.

In view of the above, the auditor finds SDC substantially compliant with 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a first responder policy for allegations of sexual abuse. The Warden further self reports agency policy requires that, upon learning of an allegation an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect the evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

In the past 12 months, there were 8 allegations of inmate sexual abuse. In all eight of these incidents, the first security staff member to respond to the report separated the alleged victim and abuser.

In the past 12 months, there were 8 allegations where staff were notified within a time period that still allowed for the collection of physical evidence. Reportedly, in these incidents wherein staff were notified within a time period that still allowed for the collection of physical evidence, there was 0 times first security staff member preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, requested 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, and ensured the alleged abuser did not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The auditor notes pursuant to review of the investigations, in question, the fact pattern of each case generally did not allow for completion of each first responder as scripted. Specifically, the alleged incident may have occurred prior to staff's need to request and ensure no destruction of physical evidence. Additionally, the timing of the alleged incident may have exceeded securing the crime scene.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 19, section M(1)(a), (ii), (b), and 2(a) addresses 115.64(a).

The auditor's review of the PREA SDC Coordinated Response Plan reveals language congruent with 115.64(a).

One first responder articulated duties as follows:

1. Separate the alleged victim and abuser;
 2. Preserve and protect any crime scene until appropriate steps can be taken to collect the evidence;
 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
- The other security staff first responder asserts he/she must make sure neither the victim nor the perpetrator destroys physical evidence. The non-security first responder interviewee did not cite any requirements regarding either victim or perpetrator destruction of physical evidence.

Six of the 12 random staff interviewees correctly articulated all steps of first responder duties. With respect to those who responded incorrectly, the common step missed amongst this group centers on requesting the victim doesn't destroy physical evidence and ensuring the perpetrator doesn't destroy physical evidence.

The auditor notes all interviewees were in possession of a CC laminated card bearing the four steps of First Responder duties. The card is carried by all staff in their pouch attached to a lanyard. The card bears the specific verbiage of 115.64(a).

While the auditor does not find a basis for non-compliance with 115.64(a), he does find a need to reinforce the nuances of first response with all staff. As all staff receive the same First Responder training, refresher training appears to be an appropriate remedy.

In view of the above, the PCM will ensure all staff receive training regarding the four steps to be employed by First Responders, emphasis added regarding “requesting” the victim to refrain from destroying physical evidence and “ensuring” the perpetrator does not destroy physical evidence. Of note, First Responder refresher training must be completed on or before August 21, 2019.

Subsequent to completion of the training, the PCM will provide a roster of all staff to the auditor and he will randomly select staff names. The PCM will provide training certifications, substantiating provision of the relevant training for each selectee. Additionally, the PCM will provide a copy of the training syllabus to the auditor.

November 1, 2019 Update:

The auditor’s review of training rosters dated September 24 and 25, 2019 reveals the names of 98 staff who attended the requisite training. Information provided by the CCPC reveals the subject-matter was provided both during annual In-Service training and in this specialized training. The auditor’s review of the training materials reveals requisite information has been provided.

The auditor randomly selected 10 staff names from an all-staff roster and their printed names/staff signatures and dates are noted within the 98-name roster. In view of the above, the auditor finds requisite training has occurred.

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The Warden further self reports of the allegations made that an inmate was sexually abused within the last 12 months, 0 non-security staff members were the first responders.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 19, section M(1)(e) addresses 115.64(b).

In view of the above, the auditor finds SDC substantially compliant with 115.64.

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? X 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*)

Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 18-21, section M(1), (2), and (4), in entirety addresses 115.65(a). CC Policy 13-79 entitled Sexual Assault Response, pages 2-4, sections A(1) and (2), in totality, also addresses 115.65(a). Medical protocols and procedures are addressed in the same.

The auditor's review of one investigation reveals substantial compliance with 115.65(a). The incident was not reported until the next day pursuant to a third-party report. The alleged victim was examined by SDC medical, moved to the appropriate hospital facility, and criminal investigators were also contacted and activated.

The Acting Warden interviewee asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan is framed within the context of a policy which addresses first responders, security supervisor response and notification responsibilities, medical and mental health staff responsibilities, and referrals for forensic examinations. The plan is quite detailed, inclusive of check sheets. The plan is discussed annually during PREA Refresher Training.

In view of the above, the auditor finds SDC substantially compliant with 115.65.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to PAQ documentation, the Warden relates there is no collective bargaining unit at SDC.

The Agency Head interviewee advises there are five or fewer facilities under the CC umbrella which are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

In view of the above, the auditor finds SDC substantially compliant with 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? X 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? X 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? X Yes No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
X 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?
X 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*)

Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other staff and inmates. The Warden further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. At SDC, the investigator is designated as the retaliation monitor.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section G(3)(a)(iv) addresses 115.67(a).

CC Form 14-2D entitled PREA Retaliation Monitoring Report (30/60/90) reflects narrative regarding multiple protection measures to be employed to ensure the safety of alleged victims and those who report sexual abuse/harassment incidents. The same verbiage is reflected on the Sexual Abuse Incident Check Sheet, and the same includes date assigned/to whom assigned.

According to the Agency Head interviewee, staff and inmates who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (inmates/staff), in addition to a 30/60/90 day formal review schedule. Staff charged with retaliation monitoring responsibilities follow disciplinary action(s), housing unit changes, removal of perpetrator(s) from area of victim housing, transfer of alleged abuser(s), and change(s) in programming. In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration to the inmate sexual/physical safety equation.

In regard to retaliation monitoring strategies taken at SDC in response to allegations of sexual abuse/harassment, the Acting Warden asserts if a staff member is the alleged perpetrator, he/she will be removed from inmate contact.

Inmate victims of alleged sexual abuse/harassment may be referred to mental health practitioners within the facility or a social worker. The inmate may be moved to another pod and an attempt to transfer may be initiated, if necessary. Retaliation monitoring is initiated and the alleged abuser is removed from the general population.

The designated staff member charged with monitoring retaliation interviewee asserts he/she implements 30/60/90- day monitoring of sexual abuse/harassment victims with periodic status checks, as necessary. Periodic status checks are documented in the Offender Management System (OMS). He/she works with unit management staff regarding housing considerations. Collaboratively, they strategize alternative situations, as required by the circumstances. A facility transfer may be requested through the Hamilton County Sheriff Department monitor who is stationed at SDC. The perpetrator is definitely removed from the area. Finally, medical/mental health support services are offered.

Alleged staff perpetrators may be placed on administrative leave or their duties may be reassigned. Finally, they may be subject to no inmate contact.

The interviewee asserts he/she initiates contact with inmates who have reported sexual abuse. Minimal contact is at 30/60/90 day intervals.

The PCM reports no inmates housed in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse, were housed at SDC during the on-site audit. Accordingly, such interviews could not be conducted.

The auditor's random review of six 2018 sexual abuse/harassment investigations reveals two were Unfounded however, retaliation monitoring was initiated and carried to completion of the 90-day period or release from the facility. With respect to the applicable investigations (two additional sexual abuse allegations), retaliation monitoring was properly implemented and concluded in accordance with policy and standard. Retaliation monitoring subjects were often removed from the facility prior to conclusion of the 90-day retaliation monitoring period. Aside from removal of the perpetrator from the area/facility, the fact patterns of the incidents required no additional protective measures.

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary.

The facility acts promptly to remedy any such retaliation. As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred in the past 12 months.

The designated staff member charged with monitoring retaliation interviewee asserts he/she monitors staff changes in assignments, tardiness and absenteeism in reporting to work, isolation, and spending an inordinate period of time in certain areas, as indicators of possible retaliation against staff. With respect to indicators of retaliation against inmates, he/she looks for behavioral issues, changes in behavior, isolation, hygiene de-compensation, and behaviors suggesting suicidal ideations.

In regard to length of monitoring, minimally, the same continues for 90 days however, the same can be extended. There is no maximum length of time for retaliation monitoring.

The auditor's review of the PREA Retaliation Monitoring Report relative to the afore-referenced investigation reveals the date of report was May 7, 2018, 30-day monitoring was facilitated on June 8, 2018, and the inmate was released on June 29, 2018. The record clearly reflects this evidence.

The auditor finds the same to be commensurate with the intent of 115.67(c).

As reflected in the CC policy narrative reflected for 115.67(a), status checks with respect to retaliation monitoring are addressed.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section G(3)(a)(vi) addresses 115.67(e).

When an inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narrative for 115.67(b) above.

The PCM asserts no such situations, wherein individuals who cooperated in an investigation have alleged fear of retaliation, have arisen during this audit period.

In view of the above, the auditor finds SDC substantially compliant with 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. The Warden further self reports 0 inmates alleged to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

CC Policy 10-1 entitled Segregation/Restrictive Housing Unit Management, page 5, sections ii-vi address 115.68(a).

Much of the Acting Warden's statement regarding 115.68(a) is reflected in the narrative for 115.43. The Acting Warden also reports there were no recent circumstances (within the last 12 months) wherein segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse.

During the facility tour, the auditor noted no deviations from operational procedures/expectations articulated in 115.43 and 115.68(a).

In view of the above, the auditor finds SDC substantially compliant with 115.68.

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).] X 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).] X 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? X 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? X Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
X Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X 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? X Yes No

115.71 (e)

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

115.71 (f)

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

115.71 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency investigations.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section O addresses 115.71(a).

The investigative staff interviewee asserts investigation of sexual abuse/harassment allegations is initiated right away following receipt of the report, if she is at the facility. During non-regular business hours, the AW or Captain contacts Hamilton County Sheriff Department. Hamilton County investigators subsequently initiate the investigation and all reports as they are the lead investigative agency.

In regard to handling anonymous or third-party reports of sexual abuse/harassment, the same are addressed in the same manner as any sexual abuse/harassment allegation.

The auditor's review of the previously referenced investigation reveals the allegation was reported by a third-party. The investigation was promptly initiated and was thoroughly and objectively addressed.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section b(i) addresses 115.71(b).

The auditor's review of the investigator's NIC Certificate of Completion for the on-line PREA: Investigating Sexual Abuse in a Confinement Setting course reveals substantial compliance with 115.71(b). The auditor's review of the afore-referenced investigation reveals the properly trained investigator completed the investigation.

The investigative staff interviewee asserts she did complete investigative PREA specialty training during 2016. The training consisted of a three hour on-line course.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section O addresses 115.71(c). An Internal Investigation Handbook and Emergency Plan are also utilized to facilitate evidence collection, etc.

The auditor's review of the afore-mentioned investigation reveals substantial compliance with 115.71(c). Direct and circumstantial evidence collection is addressed above.

The investigative staff interviewee asserts the following steps are implemented with respect to sexual abuse/harassment investigations:

Sexual abuse/harassment allegation is reported to Administrative Duty Officer (ADO) or the AW;
Ensure crime scene is secure (5 minutes);
Commence interview with victim (thresh hold questioning)- (20-30 minutes);
Interview witnesses and perpetrator (20-30 minutes per individual);
Hamilton County investigator(s) arrive on scene;
Gather video, circumstantial, and direct evidence (1-2 hours);
Review assessment classifications regarding victim and perpetrator (a few minutes);
Facilitate follow-up interviews (15-20 minutes); and
Write report (1-3 hours).

Direct and circumstantial evidence collected by the facility investigator includes written statements, video, telephone monitoring DVDs, photographs, and medical documentation.

The auditor's review of six 2018 sexual abuse/harassment investigations reveals substantial compliance with 115.71(c). Investigations were initiated in a timely manner, all relevant victims/witnesses/perpetrators were properly interviewed, direct and circumstantial evidence was addressed, witness credibility was assessed, and an informative report was generated.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section O partially addresses 115.71(d). Other investigative policy/procedural guidelines are described above.

The investigative staff interviewee asserts she does not conduct compelled interviews rather, the same are conducted by Hamilton County investigators.

The auditor's review of investigations, as previously described, reveals compelled interviews were not facilitated by the facility investigator in any cases reviewed.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section O(1)(d) partially addresses 115.71(e). Other investigative policy/procedural guidelines are described above.

The investigative staff interviewee asserts the following factors are considered when she assesses victim/witness/perpetrator credibility:

Existence of previous bogus reports;
Status as an inmate or staff is irrelevant;
Past history of reporting;
Inconsistencies in statements provided by victim/witness(es)/perpetrator(s); and
Whether video can be used to validate or negate statements.

The interviewee asserts under no circumstances would she require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section O(1) addresses 115.71(f).

With the respect to the PAQ sexual abuse investigation reviewed by the auditor, there was no staff actions or failures to act that contributed to the alleged sexual abuse incident. The investigation is well documented in a report wherein the Investigator determined the allegation to be Unsubstantiated.

When facilitating an administrative investigation, the facility investigator compares findings against policy to determine whether staff actions or failure to act contributed to the sexual abuse. Were staff actions contradictory to their scope of responsibilities? Staff actions are addressed during the Corporate Preliminary Review Action Report Process. This process is synonymous with a mini Sexual Abuse Response Team (SART) review.

The investigative staff interviewee asserts she does document administrative investigations in a written report. The report includes the following:

Substance of interviews, conclusions, exhibits, investigator's notes (credibility assessment), and physical/circumstantial evidence assessment(s); and
Findings and conclusions.

The auditor finds the afore-mentioned investigative reports address all facets of the investigation and are well written.

The investigative staff interviewee asserts criminal investigations are documented. The reports essentially contain the same information in comparison to the administrative report.

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The Warden further self reports zero substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit.

Pursuant to the MOU between CC and the Hamilton County Sheriff Office, the latter entity agrees to facilitate criminal investigations of SDC sexual abuse/harassment allegations referred to them [see page 2, section B(1), (3), and (4) of the MOU].

The investigative interviewee asserts pursuant to contract, she refers all cases to Hamilton County investigators and they determine those cases to refer for prosecution.

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 1-15 entitled Retention of Records, page 3, section D(1) and Core Civic Record Retention Schedule addresses 115.71(i).

The PCM asserts the parameters of 115.71(j) are addressed by Hamilton County as they complete criminal investigations.

The investigative staff interviewee asserts when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues to completion. This same practice is employed when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section O(2)(a)(i) addresses 115.71(l).

In regard to remaining informed if an outside agency investigates allegations of sexual abuse, the Acting Warden asserts the investigator maintains contact with Hamilton County investigators on at least a monthly basis.

The CCPC relates, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. Designated facility staff follow-up with the outside agency on a schedule determined at the local level.

The PCM and investigative interviewee corroborate the statement of the Acting Warden in regard to monthly contact (minimally) with Hamilton County investigator(s) to remain informed regarding the status of the investigation. Additionally, she asserts she is the "Go To" person for relevant information related to the investigation. She provides any and all assistance to facilitate the criminal investigation.

In view of the above, the auditor finds SDC substantially compliant with 115.71.

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*)

Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, sections O(5) addresses 115.72(a).

The auditor's review of the previously referenced investigation (115.67) and random review of six sexual abuse/harassment investigations during the on-site audit, reveals the standard of evidence utilized in making the finding was appropriately a preponderance.

The investigative staff interviewee asserts he/she employs a preponderance of the evidence to substantiate allegations of sexual abuse/harassment. This equates to roughly 51% of the evidence available, meaning the investigator is more sure than not sure the incident occurred.

In view of the above, the auditor finds SDC substantially compliant with 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? X Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he suffered sexual abuse in an agency facility is informed, verbally, or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports eight criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months. The Warden reports seven alleged inmate victims were notified, verbally or in writing, upon completion of the sexual abuse investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, sections Q(1) addresses 115.73(a).

The auditor's review of an Inmate/Detainee PREA Allegation Status Notification dated May 23, 2018, signed and dated by the alleged victim and the staff providing notification demonstrates substantial compliance with 115.73(a).

The Acting Warden asserts the facility notifies an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The investigative staff interviewee asserts agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The Warden further self reports 8 alleged inmate sexual abuse investigations were completed by an outside agency. Of those eight investigations, notifications were provided to the inmate victims in two cases.

As noted in the narrative for 115.71, Hamilton County investigators facilitate all sexual abuse investigations or, minimally, take the lead in such cases.

The auditor's review of four random 2018 investigations regarding sexual abuse allegations reveals proper notifications were issued in two cases. Notifications were not issued in the remaining two cases as the inmates were released prior to notification issuance. The auditor finds time frames to be reasonable in terms of investigation conclusion and generation of the notification.

Pursuant to the PAQ, the Warden self reports following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

the staff member is no longer posted within the inmate's unit;
the staff member is no longer employed at the facility;
the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Warden further self reports there has been a substantiated or unsubstantiated complaint (i.e. not unfounded) of sexual misconduct committed by a staff member (contractor) against an inmate in an agency facility within the past 12 months. According to the Warden, the agency subsequently informed the inmate victim whenever the staff member (contractor) was no longer posted within the inmate's unit; and the staff member was no longer employed at the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 25 and 26, sections Q(2)(a-d) addresses 115.73(c).

The auditor's review of one notification dated July 12, 2018, regarding a substantiated contractor-on-inmate sexual misconduct incident reveals the contractor (perpetrator) is no longer posted in the victim's unit nor is he/she employed at the facility.

Pursuant to the PAQ, the Warden self reports following an inmate's allegation he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, sections Q(3)(a and b) addresses 115.73(d).

The auditor has been provided no written notifications meeting the criteria established in 115.73(d). No indictments or convictions meeting the criteria identified in 115.73(d) were rendered during the last 12 months.

Pursuant to the PAQ, the Warden self reports the agency has a policy that all notifications to inmates described pursuant to 115.73 are documented. The Warden further self reports in the past 12 months, 0 written notifications were provided to inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section Q(4) addresses 115.73(e).

The auditor notes all notifications identified throughout the provisions of 115.73, are written.

In view of the above, the auditor finds SDC substantially compliant with 115.73.

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*)

Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section 2(a) addresses 115.76(a).

Pursuant to the PAQ, the Warden self reports one facility staff member has violated agency sexual abuse or sexual harassment policies during the last 12 months. However, pursuant to the auditor's further review of PAQ information and contact with the PCM, one sexual misconduct case was discovered. That case involved a medical contractor and his/her facility access privileges were terminated.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section 2(a) addresses 115.76(b).

The PCM further reports there were no additional staff terminations, resignations, or resignations in lieu of termination, for violation of sexual abuse or harassment policies.

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The Warden further self reports in the past 12 months, 0 facility staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section 2(b) addresses 115.76(c).

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the past 12 months, one staff from the facility has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. As reflected above, the auditor's review of PAQ documentation reveals the one staff-on-inmate (contractor) incident was referred for criminal investigation. Zero SDC staff were actually reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse/harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section 2(c) addresses 115.76(d).

In view of the above, the auditor finds SDC substantially compliant with 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

As reflected in the narrative for 115.76, the single substantiated case of sexual misconduct involved a contract medical practitioner. Pursuant to 115.77(a), the contract employee and case were referred for criminal investigation. However, the contractor was not reported to relevant licensing bodies, as required pursuant to 115.77(a). Accordingly, the auditor finds SDC non-compliant with 115.77(a).

The auditor is placing SDC in corrective action status for the next 180 days with a completion date of November 21, 2019. To demonstrate compliance with and institutionalization of this requirement, the PCM, or appropriate official, will report this matter to the relevant licensing body, documenting the same. Whether notification occurs via written letter or telephonically followed by documentation in a memorandum or report, copies of the written notification will be forwarded to the auditor for retention in the audit file. Reporting the incident in written form is the preferred method of notification.

In addition to the above, the PCM will author a training memorandum to relevant executive staff stakeholders, addressing the protocol for such reporting. A primary reporter and back-up should be identified. All stakeholders will sign and date the memorandum and the PCM will forward a copy of the same to the auditor for retention in the audit file. The auditor also recommends the primary and a back-up be identified in policy.

In the event additional incident(s) of this nature occur within the corrective action period, the PCM will forward to the auditor a copy of the relevant investigation and notification letter for review and retention in the audit file.

October 22, 2019 Update:

The auditor's review of a memorandum designating the facility investigator as the point of contact and official in charge of reporting staff sexual abuse of inmates to professional licensing bodies, reveals SDC is now compliant with the requirements of 115.77(a). Since the on-site audit, the facility investigator reported, in writing, the afore-mentioned incident to the appropriate licensing body and officials from that agency responded regarding the same.

The PCM self reports no additional incidents of this nature occurred during the corrective action period.

In view of the above, the auditor now finds SDC substantially compliant with 115.77(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 3(a) addresses 115.77(a). Pursuant to the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 3(a) addresses 115.77(b).

The Acting Warden asserts in the case of any violation of agency sexual abuse/harassment by a contractor or volunteer, facility access privileges are denied pending the outcome of an investigation.

In view of the above, the auditor finds SDC substantially compliant with 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? X Yes No

115.78 (e)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months, the PCM reports there were 8 administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. There were 0 criminal findings (inmate) of guilt for inmate-on-inmate sexual abuse that occurred within the facility during the past 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section R(1)(a)(i and ii) addresses 115.78(a).

The auditor's review of one sexual abuse investigation dated October 2, 2018 and accompanying administrative disciplinary packet dated October 18, 2018 reveals substantial compliance with 115.78. The administrative investigation was substantiated pursuant to review of video and victim/perpetrator statements. Subsequently, the perpetrator was administratively charged and provided the panopoly of Due Process afforded pursuant to CC policy.

Pursuant to follow-up with the PCM, it has been determined two of the eight inmate-on-inmate investigations were substantiated.

C Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section R(1)(a)(iii) addresses 115.78(b).

In response to what disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse, the Acting Warden asserts outside charges may be imposed, as well as, recommended loss of Good Conduct Time (GCT), placement in disciplinary segregation for a minimum of 30 days, move to a higher security pod. The sanctions are proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Additionally, mental disability or mental illness are considered when determining sanctions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section R(1)(a)(iv) addresses 115.78(c). Additionally, CC Policy 15-2 entitled Inmate Rules and Discipline, page 9, section H(9) addresses 115.78(c), in totality.

The PCM relates there are no examples wherein perpetrators of inmate-on-inmate sexual abuse (during the last 12 months) presented with psychological/psychiatric issues requiring assessment prior to imposition of sanctions.

Pursuant to the PAQ, the Warden self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(1)(c) addresses 115.78(d).

The mental health interviewee asserts the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility considers whether to offer these services to the offending inmate. Offer of such services would be documented in the notes. The interviewee further asserts when such services are provided, the same may require an inmate's participation as a condition of access to certain programming or other behavior modification type benefits.

Pursuant to the PAQ, the Warden self reports the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section R(1)(a)(v) addresses 115.78(e).

In the one previously referenced case wherein the contractor perpetrated sexual misconduct with an inmate, the inmate was not disciplined as he was the victim. There are no situations wherein the fact pattern of 115.78(e) was present.

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(1)(b)(i) addresses 115.78(f).

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports the agency disciplines inmates for such activity only if it is determined the sexual abuse activity is coerced.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 26 and 27, section R(1)(a)(vi and vii) addresses 115.78(g).

In view of the above, the auditor finds SDC substantially compliant with 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? X 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*)

Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the past 12 months, 0 inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section E(2)(b) addresses 115.81(a/c). Pages 12 and 13, section H(1)(b and c). also address 115.81(a)/(c).

The auditor's review of a reassessment conducted as the result of an incident at the facility reveals substantial compliance with 115.81(a) and (c). A Mental Health- Initial or Follow-up Visit document dated June 19, 2018 was completed.

Two of the three inmates who disclosed sexual victimization at risk screening interviewees assert they were not asked if they wanted to meet with medical/mental health practitioners when they reported prior sexual abuse. One interviewee did assert she was offered the same however, the meeting did not occur for 45-50 days following the report.

The auditor's review of the initial risk for sexual victimization/aggressor screenings for the three interviewees reveals two female inmates did not report prior abuse during the initial screening. One male inmate did report the same and no evidence has been provided substantiating the conduct of the meeting, in question.

Given the fact evidence substantiates one case wherein there was a follow-up meeting subsequent to reassessment of sexual victimization/aggression (see above) and the negative finding with respect to the instant case, the auditor looked further for validation of compliance and institutionalization of 115.81(a/c). Specifically, the auditor reviewed three additional April and May, 2019 cases wherein prior sexual abuse was alleged and found a follow-up meeting occurred within 14 days of report and pursuant to a Comprehensive Mental Health Evaluation. The abuse is documented and treatment plans are captured in documentation in consideration of the entire mental health history.

In view of the above, the auditor is sufficiently convinced the requirements of 115.81(a/c) are institutionalized at SDC.

The staff responsible for initial risk screening asserts if screening indicates an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, he offers a follow-up meeting with a medical and/or mental health provider. He specifically notifies medical/mental health practitioner(s). Medical staff are already in R&D and the interviewee verbally alerts them. He was not aware of when such meetings are facilitated in proximity to the initial screening.

The interviewee who facilitates 30-day reassessments likewise concurs with the first interviewee in terms of notifying medical/mental health practitioners of the need for a follow-up meeting. She sends an e-mail to medical/mental health staff regarding the reported prior victimization. The meeting is offered immediately.

It is noted SDC is classified as a jail and accordingly, 115.81(b) is not applicable.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section E(2)(a) addresses 115.81(b). CC Policy 13-61 entitled Mental Health Services, page 5, section E(1) addresses 115.81(b) stipulating mental health appraisals will be conducted by a QMHP within 14 days of admission to the facility.

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section A(1) addresses 115.81(d). CC Policy 13-74 entitled Privacy of Protected Health Information, page 3, section B(1)(a-e) partially addresses 115.81(d), identifying the Health Services staff classifications with whom PHI can be shared.

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

CC Policy 13-74 entitled Privacy of Protected Health Information, page 7, section F(1) addresses 115.81(e).

The medical/mental health interviewees assert they obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. This practice is driven by education, policy, and practice. The mental health interviewee further assert inmates under the age of 18 have not been housed at SDC during the last three years.

In view of the above, the auditor finds SDC substantially compliant with 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
X 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? X Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X Yes No

115.82 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18 and 19, section A(1)(a)(i) address 115.82(a). CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(a)(i) and pages 3 and 4, sections A(1)(b)(ii)/ A(2)(a) also address 115.82(a).

The auditor's review of the Rape/Sexual Assault Protocol document reveals substantial compliance with 115.82. The same is specific in terms of action steps to be taken, ensuring compliance with 115.82(a).

Additionally, the auditor's review of the MOU between CC and Partnership for Families, Children, and Adults, Inc., Page 2, section B(2) addresses the conduct of forensic examinations at no cost to the victim, as well as, the conduct of the forensic examination by a SAFE/SANE Nurse.

The medical and mental health interviewees assert victim inmates of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The interviewees further assert treatment occurs within minutes of an inmate's arrival in the Medical Department or within minutes of the mental health interviewee's arrival in the Medical Department. Both the medical and mental health interviewees assert treatment is determined according to their professional judgment.

The auditor's review of a sexual assault allegation dated May 7, 2018 reveals timely evaluation of the victim at the facility and removal to a local hospital.

Statements regarding staff first response duties are clearly articulated in the narrative for 115.64(a). Additionally, they are referenced in the narrative for 115.21.

The auditor's review of six random sexual abuse/harassment investigations conducted in 2018 and other such investigations referenced throughout this report narrative reveals substantial compliance with the requirements of 115.82(b).

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(1)(c)(i) addresses 115.82(c).

Page 2, section B(5) of the afore-mentioned MOU clearly addresses the verbiage of 115.82(c).

The medical staff interviewee asserts victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. He/she asserts if the inmate is transported to Erlanger.

AUDITOR'S NOTE: While the MOU between CC and Partnership for Families, Children, and Adults, Inc., Page 2, section B(2) addresses the conduct of forensic examinations at no cost to the victim, as well as, the conduct of the forensic examination by a SAFE/SANE Nurse, the PCM asserts SDC is in the process of negotiating an MOU with Erlanger Hospital for medical care of inmates.

Pursuant to the PAQ, the Warden self reports treatment services shall be 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.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section A(1)(d) addresses 115.82(d).

Page 2, section B(2) of the afore-mentioned MOU clearly addresses the verbiage of 115.82(d).

In view of the above, the auditor finds SDC substantially compliant with 115.82.

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

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

115.83 (a)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) X 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.) X Yes No NA

115.83 (f)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(1)(h) addresses 115.83(a). CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(a)(i) and page 4, section C(1), also address 115.83(a).

During the on-site audit, the auditor did not discover any incidence of previous institutional sexual abuse amongst SDC inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(1)(h) addresses 115.83(a). CC Policy 13-79 entitled Sexual Assault Response, page 2, section A(1)(a)(i) and page 4, section C(3) also addresses 115.83(b).

The medical staff interviewee asserts evaluation and treatment of inmates who have been victimized entails questioning the victim regarding injuries and clothed visual inspections. Additionally, a vitals check and calming/support are part of the protocol.

The mental health staff interviewee (contractor) advises he questions and examines antecedents leading to the victimization. Additionally, he employs calming and reassurance techniques until transport for a forensic examination, if required.

The auditor's review of a Mental Health Treatment Plan completed subsequent to the report of an alleged rape reveals substantial compliance with 115.83(b). Additionally, the auditor's review of a Mental Health Follow-up Visit form reveals further substantiation of compliance with 115.83(b). This document pertains to the investigation and follow-up medical/mental health care of the alleged victim of an incident reported on May 7, 2018 . The incident has been discussed throughout this report narrative.

The policy citation referenced in the narrative for 115.83(a) also applies to 115.83(c).

Both medical and mental health staff interviewees assert services offered and provided at SDC (although limited) are consistent with the community level of care. The majority of medical care addressed in 115.83 is provided in conjunction with the forensic examination process.

Pursuant to the PAQ, the Warden self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

The Warden further self reports there has been no incidences of female inmates being subjected to sexually abusive vaginal penetration by males at SDC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(1)(h) addresses 115.83(a). CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(1)(c)(ii) also addresses 115.83(d).

With respect to the allegation referenced in the narrative above, the incident allegedly involved two female inmates.

Pursuant to the PAQ, the Warden self reports if pregnancy results from the conduct described in 115.83(d), victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. As referenced in the narrative for 115.83(e), no incidents of vaginal penetration, by males, have occurred at SDC during this audit period.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(1)(h) addresses 115.83(a). CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(1)(c)(ii) also addresses 115.83(e).

The medical staff interviewee asserts if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. This information and access to services is provided immediately following determination of pregnancy.

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(1)(h) addresses 115.83(a). CC Policy 13-79 entitled Sexual Assault Response, page 3, section A(1)(c)(i) also addresses 115.83(f).

Pursuant to the PAQ, the Warden self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section A(1)(d) addresses 115.83(g).

The auditor's review reveals treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

SDC is classified as a jail facility and accordingly, the auditor finds 115.83(h) not applicable to SDC.

In view of the above, the auditor finds SDC substantially compliant with 115.83.

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? X Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X 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? X 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? X 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? X 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? X Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X 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? X Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports in the last 12 months, seven criminal and/or administrative investigations of alleged sexual abuse were completed at the facility. The auditor notes, as previously referenced, there were eight criminal and/or administrative investigations of alleged sexual abuse completed at the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section N(1) addresses 115.86(a).

The auditor reviewed a Sexual Abuse or Assault Review Form regarding an incident that allegedly occurred on July 27, 2018. The administrative investigation was completed on August 16, 2018 and the SART review was completed on August 30, 2018. The SART team was comprised of the requisite staff composition and all relevant issues were addressed pursuant to 115.86(d).

In view of the above, the auditor finds SDC compliant with 115.86(a-d).

The auditor's on-site review of two random 2018 sexual abuse investigative packets reveals timely completion of the SART review pursuant to 115.86(b), requisite staff composition of the SART team was present pursuant to 115.86(c), and all requisite issues were considered pursuant to 115.86(d). Two other allegations were determined to be Unfounded however, SART reviews were conducted.

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden

further self reports in the past 12 months, four criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

Auditor's Note: As noted above, SART reviews were likewise facilitated with respect to the Unfounded cases.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section N(1) addresses 115.86(b).

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section N(1)(a) addresses 115.86(c).

The Acting Warden asserts there is a SART team at SDC. The same is comprised of upper-level management officials and allows for input from line supervisors, investigators, and medical/mental health practitioners.

Pursuant to the PAQ, the Warden self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made regarding the following:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including, but not necessarily limited to, determinations made pursuant to the above and any recommendations for improvement and submit such report to the facility head and PCM.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 22 and 23, section N(2)(a-e) addresses 115.86(d).

The Acting Warden asserts the team uses the information to identify "hot spots" regarding sexual abuse within the facility, to refine and enhance the classification process, and enhance both staff and inmate training.

In addition to the above, the interviewee asserts the review team considers:

Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification;

Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts; and

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts a report is prepared by a designated representative of the SART team, encompassing the requisite issues for consideration and any recommendations for improvement. The PCM is a member of the SART and he reviews/signs the report. Subsequent to submission of the report, he attempts to implement any recommendations.

The incident review team interviewee asserts all issues identified by the Acting Warden are considered during the SART process.

Pursuant to the PAQ, the Warden self reports the facility implements the recommendations for improvement or documents its reason for not doing so.

In view of the above, the auditor finds SDC substantially compliant with 115.86.

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? X Yes No

115.87 (b)

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

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) X 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*)

Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Warden further self reports the standardized instrument includes, 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 28, section T(1)(a)(i and iii) addresses 115.87(a)/c).

The auditor's review of the Incident Reporting Database reveals a comprehensive method of collecting sexual assault/harassment data commensurate with the definitions of the SSV.

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 28, section T(1)(a)(ii) addresses 115.87(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2016 and 2017 reveals annual aggregation of incident-based sexual abuse data for SDC.

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 28, section T(1) and T(1)(a)(i) addresses 115.87(d).

The auditor has learned SDC does not contract with any other private facilities for the confinement of any inmates designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) not-applicable to SDC.

Pursuant to the PAQ, the Warden self reports upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Pursuant to the PAQ, the Warden self reports the agency provided such data to the Department of Justice pursuant to request.

In view of the above, the auditor finds SDC substantially compliant with 115.87.

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? X 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? X 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? X 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 X 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? X 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? X Yes No

Auditor Overall Compliance Determination

- X **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*)

Pursuant to the PAQ, the agency reviews 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, and training, including:

Identifying problem areas;
Taking corrective action on an ongoing basis; and
Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.
CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 29, section T(3)(a)(i-iii) addresses 115.88(a).

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period of report. Monthly, a report of PREA related incidents details frequency, location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, Corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates at CC facilities. The auditor finds SDC to exceed 115.88(a) in view of the above.

The CCPC asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited.

Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the Investigator's Office.

The CCPC further advises the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation. In response to inquiry regarding the role the facility plays in reviewing 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, the PCM asserts trends are identified, problem areas are diagnosed, and PREA program areas requiring improvement are identified. Steps are generally implemented to address these areas.

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2016 and 2017 corporate cumulative annual reports reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly addresses a comparison of data for the years 2014, 2015, 2016, and 2017. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the year, are discussed in the annual report. Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 29, section T(3)(b) addresses 115.88(b).

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the agency head.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 29, section T(3)(c) addresses 115.88(c).

The auditor's review of the CC website reveals substantial compliance with 115.88(c). Specifically, annual reports are posted on the website and the same are signed by the CC Executive Vice President and Chief Corrections Officer.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of the material redacted.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 29, section T(3)(d) addresses 115.88(d).

According to the CCPC, CC rarely redacts information from aggregated reports, etc. All data is collected in generic fashion.

In view of the above, the auditor finds SDC exceeds standards expectations with respect to 115.88.

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?
X 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? X Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? X 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? X 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*)

Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 28, section T(1) addresses 115.89(a).

It is noted the CCPC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a), above. The same statement applies to perpetual secure retention of data on an annual basis since the date of the last PREA audit.

Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities, with which it contracts, be made readily available to the public, at least annually, through its website.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 29, section T(2)(i) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website.

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 29, section T(2)(ii) addresses 115.89(c).

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The auditor's review of the Core Civic Record Retention Schedule reveals substantial compliance with 115.89(d).

The auditor noted no deviation from the requirements of 115.89(d) in terms of evidence retention.

In view of the above, the auditor finds SDC substantially compliant with 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

The auditor was provided ample space in which to conduct interviews and review files during the on-site audit. Requests for information and additional documentation (both during the pre-audit and post-audit) were generally timely.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

No comment.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

K. E. Arnold

November 5, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.