

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

Interim Final

Date of Report 05/03/2020

Auditor Information

Name: Maren Arbach	Email: fcc@midco.net
Company Name: Fidelity Correctional Consulting, LLC	
Mailing Address: PO Box 7203	City, State, Zip: Bismarck, ND 58507-7203
Telephone: 701-214-8660	Date of Facility Visit: Click or tap here to enter text.

Agency Information

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

Agency Chief Executive Officer

Name: Damon T Hininger	
Email: Damon.Hininger@corecivic.com	Telephone: 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric S Pierson	
Email: eric.pierson@corecivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steven Conry, Vice President, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator 65 Indirectly

Facility Information

Name of Facility: Jenkins Correction Facility

Physical Address: 3404 Kent Farm Drive

City, State, Zip: Millen, GA 30442

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://www.corecivic.com/facilities/jenkins-correctional-center>

Has the facility been accredited within the past 3 years? Yes No

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

ACA

NCCHC

CALEA

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

N/A

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

[Click or tap here to enter text.](#)

Warden/Jail Administrator/Sheriff/Director

Name: Robert Adams, Jr

Email: Robert.Adams@corecivic.com

Telephone: Office: 478-962-6301, Cell: 731-433-9502

Facility PREA Compliance Manager

Name: Droydred Blackmon

Email: Droudred.blackmon@corecivic.com

Telephone: 229-321-1327

Facility Health Service Administrator N/A

Name: Francine Holmes-Brawner

Email: Francine.Holmes-Brawner@corecivic.com

Telephone: 478-982-6339

Facility Characteristics

Designated Facility Capacity:	1150	
Current Population of Facility:	1147	
Average daily population for the past 12 months:	1130	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-75	
Average length of stay or time under supervision:	2 years and 280 days	
Facility security levels/inmate custody levels:	Minimum/Medium	
Number of inmates admitted to facility during the past 12 months:	705	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	705	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	705	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	Click or tap here to enter text.	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	182
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	96
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	12
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	35
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	5
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	11
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	3
Number of open bay/dorm housing units:	8
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	38
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	1	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: GA Department of Corrections) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

CoreCivic contracted for a PREA audit to be conducted of Jenkins Correction Facility (JCF) male prison in Millen, Georgia. This audit was conducted by dual-certified PREA auditor Maren Arbach. The onsite portion of the audit occurred November 12th through November 14th, 2019. CoreCivic is a private correctional agency that is contracted to operate correctional facilities across the county. JCF houses inmates for the Georgia Department of Corrections. The Jenkins Correction Facility had its most recent audit in 2018.

Approximately six weeks prior to the onsite portion of the audit, audit notices, in English and Spanish, were posted in all living units, at the facility entrance, in visitation areas, in the medical area, in the mental health area, and other common areas. The notices provided auditor contact information in which inmates, staff, and visitors could utilize to write confidentially regarding sexual abuse and sexual harassment at the facility. One letter was received by the auditor but the inmate was released prior to the auditor arriving for the onsite portion of the audit.

Pre-audit documentation, the Pre-Audit Questionnaire (PAQ), and additional supporting documentation was provided via secure file transfer. The pre-audit documentation was received in an organized manner with standard by standard folders distinguishing primary and secondary information. Correspondence between the auditor, the PREA Coordinator, and the PREA Compliance Manager occurred throughout the pre-audit phase.

On November 12th, 2019, the auditor arrived at Jenkins Correction Facility to initiate the onsite portion of the audit. A brief meeting was held with facility leadership in which introductions were made and the audit process and methodology were discussed.

Following the meeting, the auditor conducted the site review of the facility accompanied by facility leadership. The site review covered the entire facility which consisted of all inmate living areas and common areas, recreation areas, kitchen and dining hall, visitation, office areas, the control rooms, education, medical, the library, the chaplain's area, the vocational area, maintenance, and laundry. PREA signage was observed throughout the facility ensuring reporting information was visible for all inmates, staff, and visitors. In addition, the facility has painted several murals relating to PREA within the facility in higher traffic areas.

Following the site review, interviews were conducted as follows:

- 1) 27 randomly selected inmate interviews
- 2) 13 targeted inmate interviews
- 3) Seven randomly selected staff interviews
- 4) Eighteen specialized staff interviews (both specialized and draft protocols)

The minimum of 20 targeted inmate interviews was unable to be achieved due to the fact they housed no youthful inmates, there were no inmates housed in segregation due to risk of sexual abuse, there were currently no inmates who identified as gay, bisexual, transgender or intersex, and there were no inmates who reported at screening. The auditor attempted to find inmates who may have fallen into one of the targeted categories during the site review and while walking through the institution but was unable to do so.

Prior to arrival, the auditor requested lists of staff and inmates to include: full inmate roster (alphabetically and by living unit), full staff roster, full volunteer roster, full contractor roster, roster of inmates with physical disabilities, and roster of inmates who are limited English proficient. All information was provided promptly and in an organized fashion.

At the end of the onsite audit, an exit briefing was held with facility leadership and the PREA Coordinator. Preliminary findings and observations, the process of the post-audit phase, the issuance of the Interim Report, the corrective action period, and the Final Report were discussed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Jenkins Correction Facility is located in Millen, Georgia. The facility is a 1,234 bed facility owned and operated by CoreCivic and is contracted by the Georgia Department of Corrections to house 1,150 minimum to medium security adult male offenders. The facility currently employs 182 staff.

The facility has three main housing units. Unit 100 and Restrictive Housing hold those who score high on the Georgia Department of Corrections Next Generation Assessment. Programs for this unit include: Motivation for Change, Re-entry, Problem Solving, Moral Recognition Therapy, Alcoholics Anonymous, Narcotics Anonymous, Veteran's Group, Lifers' Group, Creative Writing, Career Center, and CDLL Preparation.

Unit 200 houses inmates who are actively involved in job assignments, education, and vocational programming. Programs for this unit include: Motivation for Change, Re-entry, Problem Solving, Moral Recognition Therapy, Resource Center, Mobile Library, Art Class, Agape Leadership, Threshold, and Go Further Re-entry Program.

Unit 300 is for inmates the facility is assisting in becoming more supportive of society and their families. Programs for this unit include: Motivation for Change, Spanish to English, English to Spanish, Thinking for Change, Re-entry, Matrix, SOPP, Moral Recognition Therapy, Art, CDL, Chorus, BOTS (Doll for Domestic Violence, Second Chance Greyhounds).

The Health Services department has a physician, four RNs, six LPNs, a dentist, a dental assistant, two mental health coordinators, and two medical record's clerks. There is a psychiatrist who meets with inmates utilizing tele-psych technology. There is also an optometrist and radiology company that preform services onsite.

Food services are provided through Trinity Food Services.

Educational opportunities are provided to the inmate's onsite. The inmates can access literacy/reading remediation, Adult Basic Education, general education development, Microsoft computer applications, CORE/Plumbing.

Religious Services take place daily within the institution. The programs are overseen by a facility chaplain.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.13, 115.31, 115.81

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (Effective 11/15/2017)
- PREA coordinator job description
- Correctional Programs Division Organizational Chart
- Memo: PREA Compliance Manager Appointment (07/16/2019)
- Jenkins Correction Facility Organizational Chart (08/27/2018)

Findings:

115.11(a)

The facility utilizes the CoreCivic Sexual Abuse Prevention and Response policy 14-2 to guide their PREA compliance efforts.

Policy 14-2 covers the facility's zero tolerance policy on page one. This portion indicates CoreCivic has mandated a zero tolerance towards all forms of sexual abuse and harassment. It furthers expands to say this will include inmate/detainee on inmate/detainee sexual abuse or harassment as well as employee on inmate/detainee sexual abuse and harassment.

Policy 14-2 covers the prohibited acts on pages three and four under section 14-2.3 Definitions. The definitions are taken directly from the standards for prisons and jails.

The CoreCivic Inmate Handbook covers the Prison Rape Elimination Act on page two, directly after the introduction section. This section covers what the law is and how to make a report both inside and outside of the facility. In addition, on page 10 of the inmate handbook, the CoreCivic PREA handout that is given to the inmates at intake, is included in the handbook.

115.11(b)

CoreCivic employs an upper-level, agency-wide PREA coordinator. Mr. Eric Pierson is the PREA Coordinator whose official title is Senior Director, PREA Programs and Compliance. This position reports directly to the Vice President of CoreCivic, which indicates sufficient authority to oversee the PREA efforts.

Mr. Pierson reported he has sufficient time and authority to develop and oversee the agency PREA compliance efforts. Mr. Pierson completed his PREA auditor certification in February 2015 which enables him to thoroughly understand the standards and the guidance from the PREA Resource Center.

Mr. Pierson works with each facility to address any compliance concerns that surface as well as schedules and helps to prepare for each PREA audit. In addition, Mr. Pierson generally attends the onsite portion of the facility audits on behalf of the agency. Mr. Pierson was in attendance during the onsite portion of the audit of this facility.

115.11(c)

Jenkins Correction Facility has appointed Chief of Unit Management as the PREA Compliance Manager for the facility. According to the Jenkins Correction Facility organizational chart, the position of Chief of Unit Management reports to the Assistant Warden. The PREA Compliance Managers within the facility reports indirectly to Mr. Pierson.

Corrective Action:

None required

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic is a private corporation who would be the applicable agency for the purpose of this audit. They do not contract with any agencies to confine their inmates.

Corrective Action:

None required

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Annual PREA Staffing Plan Assessment
- Memo: PREA 115.3 (b)

Findings:

115.13(a)

Policy 14-2 discusses the general provisions for staffing plan development on pages eight and nine section D: Staffing. Each of the eleven provisions from the standard are listed within the policy.

According to the pre-audit questionnaire, the facility's average daily number of inmates was 1128 and this number was used to develop their staffing plan.

115.13(b)

As part of the pre-audit questionnaire, the facility provided the documentation of staffing plan development for 2018. The facility utilizes the Annual PREA Staffing Plan Assessment form which outlines the facility composition, includes a checklist of all items required under this standard, and covers video monitoring placement and replacement/repair. This assessment is completed by the facility PREA Compliance Manager and then reviewed with the Warden. After the Warden reviews the plan, it is submitted to the PREA Coordinator who reviews the plan to see if any policy or procedural changes, physical plant changes, video monitoring and/or technology changes, or staffing changes are needed. Following the PREA Coordinators review, it is reviewed by the Vice President of Facility Operations of CoreCivic.

This substandard is not applicable as the facility has not had any instances of non-compliance with the staffing plan.

115.13(d)

Policy 14-2 discusses the requirements for the conducting of unannounced round on pages nine and ten under section E: Supervision and Monitoring. The policy requires the rounds to be documented as an unannounced round and that they be conducted on all shifts and all areas where inmates/detainees are permitted. The policy also includes the required wording pertaining to prohibiting employees from alerting other employees that supervisory rounds are occurring.

Included in the documentation that came with the pre-audit questionnaire are facility log sheets. Of the two sheets scanned in to the documentation, there are two unannounced PREA rounds conducted. The first round was conducted by a Captain and the second by a lieutenant.

During the onsite visit, interviews were conducted with intermediate and higher level facility staff. When asked about the frequency of unannounced rounds, one supervisor indicated completing unannounced rounds daily. In another interview, staff stated unannounced rounds are conducted daily in every unit. While in the units, the auditor noted there is a paper log within each pod. When a supervisor enters the pod, they sign in to this log and mark it is a PREA round. It was also noted based on observing the administrative staff within the pods and their interactions with the inmates, this is a common practice. The inmates were comfortable approaching and talking to all levels of staff throughout the entire facility.

Corrective Action:

None required

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Findings:

Jenkins Correction Facility does not house youthful offenders. This standard is not applicable.

Corrective Action:

None required

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- CoreCivic Searches of Inmates/Residents and Various Locations policy 9-5 (*Effective 03/01/2012*)
- Corrections Corporation of America Safety and Security Issues Part 1: Orientation Lesson Plan (*January 2014*)
- Georgia Department of Corrections Contract
- Memo: PREA 115.15 (a) (*05/21/2019*)
- Memo: PREA 115.15 (e) (*05/21/2019*)
- Photo of Cross-Gender Strip Search Log
- Orientation Training Records
- Photos of Opposite Gender Announcement signage
- Photos of Shower Areas with curtains

Findings:

115.15(a)

Policy 9-5 page 2 covers frisk/pat searches conducted within the facility. The policy states under B/3, "Personnel of either sex may conduct a pat search."

Policy 14-2 page 16 covers the cross-gender searches element of PREA standard 115.15(a). The policy states, "Cross-gender inmate/detainee strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners."

JCF utilizes a Strip Search Log to document searches. The auditor reviewed requested log pages and verified that none of the unclothed searches were conducted by staff of the opposite gender.

115.15(b)

Policy 14-2 page 15 covers the cross-gender searches of female inmates' element of PREA standard 115.15 (b). The policy states, "Cross-gender inmate/detainee frisk/pat searches of female inmates/detainees by male employees is prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order)."

However, this substandard is not applicable as the facility only houses male inmates. There were no transgender males with female genitalia at the facility at the time of the onsite audit.

115.15(c)

The Strip Search Log was requested from the facility for the date range of 05/01/2019 through 10/01/2019. The auditor selected random pages throughout the log and, by referencing the staff roster, determined no cross-gender unclothed searches occurred during that time frame.

115.15(d)

Policy 14-2 page 16 covers the reasonable privacy expectation of this substandard. The policy states, "Inmates/detainees may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine cell/living quarter checks."

During the onsite portion of the audit, all areas of the facility were toured by the auditor. It was noted that camera placement within the facility seemed to provide for good coverage as well as a reasonable amount of privacy for the inmates. The facility has provided shower curtains for every shower that allows for reasonable privacy of the inmates utilizing them. The upper shoulders and head is visible so staff can monitor for wellbeing and sexual safety.

During interviews with randomly selected inmates at the facility, they indicated female staff are fairly consistent about announcing when they enter into the housing units. When asked if they are ever naked in full view of female staff, every inmate indicated this did not happen. During the onsite portion of the audit, the auditor noted the cross-gender announcement practice is very well institutionalized.

During interviews with staff, each indicated they had received training during orientation on conducting cross-gender pat searches and searches of transgender and intersex inmates. Training records were requested for all interviewed staff. In each record, completion of search training was documented.

115.15(e)

Policy 14-2 pages 15 and 16 covers the searches of transgender or intersex inmate element of PREA standard 115.15(e). The policy states, "Searches or physical examination of a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status is prohibited. If the inmate/detainee's genital status is unknown, it may be determined during conversations with the inmate/detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The gender of the staff member searching a transgender or intersex inmate/detainee will depend on the specific needs of the individual inmate/detainee and on the operational concerns of the facility. Under most cases, this will be a case-by-case determination that may change over the course of incarceration and should take into consideration the gender expression of the inmate/detainee."

During interviews with facility staff, each was able to articulate that if they would have a transgender inmate, the inmate would be involved in the decision regarding which gender of staff would conduct the unclothed search.

At the time of the onsite portion of the audit, the facility indicated there were no transgender or intersex inmates in custody within the facility. During the tour and interviews, there were no indications of transgender or intersex inmates the facility was not aware of or had not reported.

115.15(f)

Policy 14-2 page 7 covers the specialized training for searches of transgender or intersex inmate element of PREA standard 115.15(f). The policy states, "In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates/detainees, in a manner that is professional, respectful, and the least intrusive method possible while being consistent with security needs."

During the onsite portion of the audit, interviewed staff indicated they received training in conducting searches of transgender and intersex inmates as well as cross-gender pat searches during orientation. Policy 14-2 page 16 states, "The gender of the staff member searching a transgender or intersex inmate/detainee will depend on the specific needs of the individual inmate/detainee and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination that may change over the course of incarceration and should take into consideration the gender expression of the inmate/detainee."

This information was verified during staff interviews.

Corrective Action:

None required

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

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

115.16 (a)

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

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Memo: PREA 115.16 (*05/21/2019*)
- Resume for both bilingual staff members
- Sample Georgia Department of Corrections Training Submissions (ASL- Conversation Sign Language)
- Jenkins Correction Facility Inmate Handbook (Spanish)
- Photos of Telephone and TDD Telephone

Findings:

115.16(a)

Policy 14-2 page 14 covers inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates who have limited reading skills. The policy states, "Inmates/detainees will be provided education in formats accessible to all inmates/detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to inmates/detainees who have limited reading skills."

In a memo provided from the former Chief of Unit Management, it is indicated there are four staff members who have completed training in American Sign Language: Conversation Sign Language. In addition, there are also two staff who are bilingual (English and Spanish) and can provide translation services.

The facility also has a current contract with LanguageLine Solutions. This line enables staff to dial a 1-800 number, enter in the client id #, select the language they need interpreted, and then utilize the interpreter. Medical staff, unit management staff, and mailroom staff all have instructions for utilizing this service. While onsite, the auditor utilized the LanguageLine in order to conduct an interview with an inmate who is limited English proficient. The inmate indicated an understanding of what PREA is and how to get help within the facility.

Other interviews were conducted with inmates who were hard of hearing and cognitively disabled. In all cases they were able to articulate a basic understanding of sexual safety while incarcerated and indicated they would talk to staff if they had any issues.

115.16(b)

Policy 14-2 page 14 covers reasonable measures being utilized to assist inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates/detainees who have limited reading skills. The policy states, "In the event an inmate/detainee has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated orally to such inmates/detainees on an individual basis. Auxiliary aids that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective."

The facility also has a current contract with LanguageLine Solutions. This line enables staff to dial a 1-800 number, enter in the client id #, select the language they need interpreted, and then utilize the interpreter. Medical staff, unit management staff, and mailroom staff all have instructions for utilizing this service. While onsite, the auditor utilized the LanguageLine in order to conduct an interview with an inmate who is limited English proficient. The inmate indicated an understanding of what PREA is and how to get help within the facility.

115.16(c)

Policy 14-2 page 14 covers the use of inmate interpreters. The policy states, "Inmates/detainees will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first-responder duties, or the investigation of the inmate/detainee's allegations."

During the onsite audit, interviews were conducted with two limited English proficient inmates. The inmates indicated an understanding of what PREA is and how to get help within the facility. The former PREA compliance manager submitted a memo that was included in the pre-audit documentation that prohibits the use of another inmate to interpret information regarding an allegation of sexual abuse. During interviews with random staff, all staff indicated another inmate would not be allowed to interpret for another inmate.

Corrective Action:

None required

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)

- Memo: PREA 115.17 (05/22/2019)
- Jenkins Correction Facility 5-Year Background Log Employees and Contractors
- Self-Declaration of Sexual Abuse/Sexual Harassment form
- Georgia Department of Corrections Criminal/Driver History Consent Form
- Background Investigation Disclosure and Authorization Form
- Prison Rape Elimination Act (PREA) Questionnaire for Prior Institutional Employers
- CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgment

Findings:

115.17(a) (e)

Policy 14-2 page 5-6 covers hiring and promotions and background checks. The policy states that to the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with inmates/detainees, and decline to enlist the services of any contractor, who may have contact with inmate/detainees, who (a) 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); (b) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) has been civilly or administratively adjudicated to have engaged in the activity as outlined above.

When interviewed, the human resources (HR) staff explained the hiring practices as they relate to PREA and was very knowledgeable about the applicable PREA standards. She reported all applicants are asked about prior institutional employers and, if they have them, an authorization form is completed to contact them. She reported they contacts with prior employers are made via fax, email, or phone call.

In regards to background checks, the initial background check requires a fingerprint based background check. Fingerprint based checks are only completed when initially hired. Anytime someone needs the updated background check completed, JCF staff has access to a terminal to conduct the checks through both GCIC and NCIC.

The auditor requested copies of all background checks for all staff who were selected for specialized or random interviews. All documentation was provided as requested.

115.17(b)

Policy 14-2 page 5 covers hiring and promotion. The policy states, "Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of a contractor who may have contact with inmates/detainees."

As indicated above, when there is a promotion, demotion, or transfer, the facility runs an additional check on the staff person/potential staff person looking for any incidents of sexual harassment or sexual abuse.

The auditor reviewed the file of the staff person who was most recently promoted. All appropriate documentation was included in the file. Per policy, every staff will complete the "Self-Declaration of Sexual Abuse/Sexual Harassment" form as part of the promotion process.

115.17(c)

Policy 14-2 page 5 covers background checks. The policy states, “Before hiring new employees who may have contact with inmates/detainees, CoreCivic shall:

- i. Perform a criminal background records check; and
- ii. Consistent with federal, state, and local law make its best effort to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy.”

The questionnaire indicates the facility hired 96 staff in the past 12 months. Of these 96 staff, background checks were conducted on 100%.

115.17(d)

Policy 14-2 page 5 covers background checks. The policy states, “CoreCivic shall also perform a criminal background records check before enlisting the services of any unescorted contractor who may have contact with inmates/detainees.”

The Pre-Audit Questionnaire indicated there were 47 background checks conducted as part of the hiring process with contractors within the reporting period.

The facility provided samples of background checks for contractors with the Pre-Audit Questionnaire document.

115.17(f)

Policy 14-2 page 5 covers the self-declaration requirement. The agency uses the Self-Declaration of Sexual Abuse/Sexual Harassment form to ask all applicants and employees who may have contact with inmates about previous misconduct described in provision (a) of this standard. The form cites the three required questions about previous misconduct.

The HR staff asserted that it is completed prior to hire as well as annually by current employees and is maintained in the personnel file.

115.17 (g) (h)

Policy 14-2 pages 5-6 covers the provisions of this substandard. Policy states, “To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.”

HR Staff indicated they are prepared to provide requested information to other correctional employers. During the reporting period, JCF had not had any requests made of them.

Corrective Action:

None required

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- PREA Physical Plant Considerations form
- Agency Head Interview
- Deputy Warden Interview

Findings:

115.18(a)

Policy 14-2 page 31 covers upgrades to facilities and technologies. The policy states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company’s ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.”

According to the Pre-Audit Questionnaire, there have not been any modifications or expansions to the existing facility since the last PREA audit. On site tour and staff interviews gave no indication of any changes that were not captured on the questionnaire.

115.18(b)

Policy 14-2 page 31 covers upgrades to facilities and technologies. The policy states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.”

During the onsite portion of the audit, it was evident inmate safety is considered in every discussion regarding potential changes in the facility. In discussions with facility staff, it appears the staff are hyper vigilant about potential problem areas within the facility.

Corrective Action:

None required

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National

Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- CoreCivic Sexual Assault Response policy 13-79 (*Effective 02/26/2013*)
- Memorandum of Understanding Between Teal House Sexual Assault Center and CoreCivic
- The Teal House poster
- Memorandum of Understanding between CoreCivic and Jenkins County Sheriff Department
- Investigation Files
- Interview with PREA Compliance Manager

Findings:

115.21(a)

The facility conducts administrative investigation of sexual abuse and sexual harassment. Criminal allegations are referred to the Georgia Department of Corrections (GDOC). Beginning on page 2, Sexual Assault Response Policy 13-79 outlines triage and treatment secondary to sexual assault; requiring a uniform evidence protocol. This policy outlines protocol for recent sexual assaults (discovered within 72 of the incident) as well as sexual assaults that are discovered beyond 72 hours after the incident. The uniform evidence protocol that is outlined in Sexual Assault Response Policy 13-79 consists of significant detail regarding physical evidence

on the alleged victim, the alleged abuser, and the crime scene; maximizing the potential for obtaining usable physical evidence.

Interviews with staff revealed an awareness of the uniform evidence protocol and staff knowledge of protecting and preserving physical evidence. The staff was aware they would not collect evidence unless directed to or if the evidence was at risk of being lost. Staff members had been issued a first responder card which they carried on them and many referenced it during their interview.

115.21(b)

The agency indicated that its uniform evidence protocol was 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. Policy 14-2 cites this provision and Policy 13-79 that outlines the protocol, contains sufficient technical detail to aid responders in obtaining usable physical evidence, to include timing considerations for the collection of evidence, to obtain a forensic exam from certified SAFE/SANE's, consult medical and mental health staff, to have mental health available during interviews, etc.

115.21(c)

Policy 14-2 page 25 covers access to forensic medical examinations. It states, "The investigating entity shall offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs."

It was demonstrated in practice that the agency and facility offer all victims of sexual abuse access to forensic medical examinations, which would be conducted at Statesboro Regional Sexual Assault Center which provides the service by certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility reported no forensic medical examinations being performed in the PAQ. Investigative file review revealed two cases of sexual abuse. In one case, the alleged act did not involve contact which would require an examination. In the other allegation, the information was received beyond the window of time where evidence could be collected.

115.21(d)

One MOU was provided which is between CoreCivic and The Teal House. The MOU was signed in May 2019 and is effective until one of the parties provides written notice. There were two sexual abuse allegations that occurred during the reporting period. Neither of these cases required a forensic medical examination as stated in (c). Neither of the inmates were present at the facility during the onsite so neither could be interviewed.

115.21(e)

Policy 14-2 page 25 covers access to forensic medical examinations. It states, "As requested by the victim, either victim advocate, a qualified investigating staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals."

The facility has a process in place to provide victim advocate services to accompany and support the victim through the forensic medical examination process and is offered emotional support, crisis intervention, information, and referrals. This is done through the MOU with The Teal House. Additional emotional support is available through facility mental health staff.

115.21(f)

Policy 14-2 page 24 covers this subsection. Jenkins Correction Facility conducts the administrative investigations. They have one staff person who is primarily used to conduct these investigations. He reported he was previously an investigator for the Army and also worked as an investigator for the Department of Social Services researching fraud, daycare, and Medicaid cases. He also has prior experience as an investigator for the Missouri DOC where he worked for 12.5 years.

He reported that if an allegation comes in and looks potentially criminal, he notifies the warden who contacts GDOC. He reported he would act as the middle man between GDOC and JCF.

115.21 (g), (h)

Not applicable

Corrective Action:

None required

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Investigation Files
- Jenkins Correction Facility Website

Findings:

115.22(a), (b), (c)

Sexual Abuse Prevention and Response Policy 14-2 (p 23) cites this standard and addresses administrative and criminal investigations; stating that the warden ensures all allegations of sexual abuse and sexual harassment are investigated and referred as needed.

Review of investigative files and other potential report sources supported that all allegations are investigated. This was a well institutionalized part of the facility culture as was articulated by the warden, agency head, other leadership, and random staff members. Repeatedly, it was stated and evidenced that every report or slight suspicion of sexual abuse or sexual harassment was investigated.

The PAQ indicated there were four allegations during the 12-month pre-audit reporting period, that all four were administratively investigated, and one was referred for criminal investigation. The designated facility investigator affirmed that allegations are referred to an agency with legal authority to conduct such investigations; GDOC.

The agency head corroborated the agency's practice and expectations to ensure that all allegations of sexual abuse and sexual harassment are properly investigated; asserting that is "absolute" and the agency has a 5-1 reporting system they follow.

Review of the Jenkins Correction Facility's website revealed CoreCivic PREA policies. The policy indicates, whenever possible, the facility shall enter into an MOU with an outside investigating agency. While the facility utilizes GDOC to criminal investigate allegations, the facility has have an active MOU with the Jenkins County Sheriff Department which indicates they will conduct criminal investigations.

Interviews were conducted with the facility administrative investigator. He indicated he is available at all times, even when they are not physically in the facility, to receive a PREA allegation.

115.22(c)

This subsection is covered under policy 14-2, Responsibilities of the Investigating Entity. This policy is posted on the facility website.

115.22(d), (e)

Not applicable.

Corrective Action:

None required

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- PREA Overview Facilitator Guide
- Training Records of all Interviewed Staff
- Random Staff Interviews

Findings:

115.31(a)

Policy 14-2 pages 6 and 7 covers employee training. It states, "All CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment."

The facility utilizes CoreCivic's "PREA Overview" for its staff. The lesson plan indicates this is a two-hour course. The training rosters also indicate it is a two-hour class.

The course is made up of 10 parts:

- 1) Introduction:
- 2) Zero Tolerance:
- 3) Fulfilling Responsibilities:
- 4) Inmate/Detainee and Employee Rights
- 5) Dynamics in Confinement
- 6) Common Reactions of Victims
- 7) Avoiding Inappropriate Relationships
- 8) Communication
- 9) Reporting to Outside Agencies
- 10) Summarization

During staff interviews, it was evident the staff had received training and that the training received covered all the necessary elements of the standard.

The staff have a first responder card they can utilize to assist them with the steps of the first responder responsibilities. Facility staff indicated they receive training on PREA pre-service, at in service, and through e-learning.

115.31(b)

Under the Training and Acknowledgement section of policy 14-D, Sexual Abuse Prevention and Response, the policy states, "Such training will be tailored to the gender of the inmates/detainees at the facility." As this course covers the PREA information to male inmates and all staff are required to complete it at pre-service and in-service training, this information to being communicated appropriately to all staff.

115.31(c)

Policy 14-2 pages 6 and 7 states the following, "At a minimum, all employees shall receive pre-service and annual in-service training on the following:

- i. The PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody; At this facility, the applicable state or local laws governing sexual abuse of persons in custody in addition to PREA are: Georgia code annotated 16-6-5.1 Sexual Assault by Persons with Supervisory or Disciplinary Authority
- ii. An employee's duty to report any occurrence of sexual harassment or sexual abuse;
- iii. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with policy;
- iv. The right of inmates/detainees to be free from sexual abuse and sexual harassment;
- v. The right of inmates/detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- vi. The dynamics of sexual abuse and sexual harassment in confinement;
- vii. Locations, situations, and circumstances in which sexual abuse may occur;
- viii. The common reactions of sexual abuse and sexual harassment victims;
- ix. Signs of victimization;
- x. How to detect and respond to signs of threatened and actual sexual abuse;
- xi. Signs of predatory behavior;
- xii. How to avoid inappropriate relationships with inmates/detainees;
- xiii. Circumstances that may lead to inappropriate sexual contact by an employee;
- xiv. How to communicate effectively and professionally with inmates/detainees, including LGBTI and Gender Non-Conforming inmates/detainees; and
- xv. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities."

PREA training is held for all staff both in pre-service and annual in-service training which exceeds this standards requirement of training every two years. The PAQ listed there were 182 staff who are employed by the agency who were trained in PREA during the preceding 12-month period. This equates to 100% of the facility staff.

Between trainings, information pertaining to sexual safety is shared with the staff during meetings and through posters.

115.31(d)

Employee training files were reviewed for all staff who were interviewed by the auditor while onsite. Each of these employees completed PREA training and signed an acknowledgement in 2019.

Corrective Action:

None required

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- CoreCivic “PREA Overview” Lesson Plan
- CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement form
- Contractor/Volunteer Training Records

Findings:

115.32(a)

Policy 14-2 page 8 asserts that all civilians/volunteers/contractors who regularly have contact with inmates shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy. Jenkins Correction Facility utilizes CoreCivic’s PREA Overview for its contractors and volunteers. The lesson plan indicates this is a two-hour course. The facility provided two rosters as samples of completed volunteer/contractor PREA training. One roster was from 11/29/2018 and the other was from 04/05/2019.

This course is made up of 10 parts:

- 1) Introduction:
- 2) Zero Tolerance:
- 3) Fulfilling Responsibilities:
- 4) Inmate/Detainee and Employee Rights
- 5) Dynamics in Confinement
- 6) Common Reactions of Victims
- 7) Avoiding Inappropriate Relationships
- 8) Communication
- 9) Reporting to Outside Agencies
- 10) Summarization

Documentation of training completion for contract/volunteer staff was provided upon request. All requested documentation received seems to be complete.

In interviews with a volunteer, it was reported the volunteers attend a training day for eight hours annually. One of the topics covered is the Prison Rape Elimination Act of 2003. The volunteer indicated if an inmate would report to them, they would immediately report it to the chaplain. The volunteer had never had an inmate make a report to them.

115.32(b), (c)

Policy 14-2 page 8 cites this provision stating, “The level and type of training provided to civilians/volunteers/contractors shall be based on the services they provide and level of contact they have with inmates/detainees. All civilians/volunteers/contractors who have contact with inmates/detainees shall be notified of CoreCivic’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.”

The facility utilizes several volunteers within the facility. Following training, the volunteers are required to sign the CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement form. The facility maintains these forms as proof of training.

Corrective Action:

None required

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Pre-Audit Questionnaire (PAQ)
- Jenkins Correction Facility Inmate Handbook
- Inmate Intake Documentation
- Photos of PREA signage

Findings:

115.33(a)

The PAQ indicates 705 inmate intakes were conducted at Jenkins Correction Facility during the reporting period.

All inmates are informed about their rights pertaining to sexual safety at intake. As part of the intake process, staff go through a document titled Sexual Abuse/Assault/Prison Rape Elimination Act (PREA). This document outlines that all allegations of sexual contact, sexual abuse, and sexual harassment will be reported, fully investigated, and be treated in a confidential and serious manner. It states, "Sexual abuse, contact, harassment, or assault of an inmate by staff or inmate is always forbidden." It provides a brief explanation of sexual abuse and sexual harassment as well as the services that may be offered to a known or potential victim.

During the interview with the staff person who completes the intakes, she indicated the inmates are shown the "PREA: *What you need to know*" video and then asked if they have any questions. They inmate signs the form above after the officer confirms there are no questions.

115.33(b)

Policy 14-2 states, "Upon arrival at the facility, all inmates/detainees shall be provided written information regarding sexual abuse prevention and reporting (e.g. inmate handbook, 12-2AA Preventing Sexual Abuse brochure, etc)."

The PAQ indicates 705 of 705 inmates who went through intake during the reporting period were given comprehensive training on their rights within 30 days. Record review indicates this generally occurs within the first 24 hours they are in the facility.

115.33(c)

The PAQ indicates 705 of 705 inmates who went through intake during the reporting period were given comprehensive training on their rights within 30 days. Record review indicates this generally occurs within the first 24 hours they are in the facility. The process is the same for new arrivals as well as transfers from another facility.

115.33(d)

The PREA training materials utilized by the facility are in compliance with this standard. During the onsite visit, interviews were conducted with two inmates who are limited English proficient, one inmate who is hard of hearing, six inmates who are physically disabled, and two who are cognitively disabled. All these inmates understood their rights, how to report, and how to remain safe.

115.33(e)

The facility maintains documentation that each inmate is notified of their rights and how to make a report. This documentation is part of the intake paperwork.

115.33(f)

Jenkins Correction Facility has reporting information readily available for the inmates. Throughout the facility there is signage posted.

The inmate handbook also provides the inmates with relevant information regarding PREA and reporting options.

Corrective Action:

None required

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Investigator Training Records
- Investigation File Review
- Interviews with Facility Investigator
- Certificate of Completion "PREA: Investigating Sexual Abuse in a Confinement Setting (NIC)"
- Relias Learning: PREA Investigation Protocols course outline

Findings:

115.34(a)

Policy 14-2 page 7 states, "In addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement setting. The PREA Compliance Manager shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.) from work."

Training records for facility investigator were reviewed. The investigator has taken multiple training classes related to investigations and PREA. His training records from 12/01/2014 through 06/20/2016 were provided in the pre-audit questionnaire documentation. They are:

Date	Class
12/16/2014	Sexual Harassment
12/19/2014	PREA: Sexual Abuse Prevention and Response
02/01/2015	Sexual Harassment
04/28/2015	Investigation Managers
03/08/2016	PREA
04/29/2016	PREA Compliance Manager Training

06/01/2016	Sexual Harassment
06/18/2016	PREA: Investigating Sexual Abuse in a Confinement Setting

As discussed in 115.21 (f), the facility investigator has extensive prior investigation experience to include working as an investigator for the Missouri DOC for 12.5 years, working as investigator for the Army, and investigating fraud for the Department of Social Services for eight years. He indicated he took a 40 hour investigation training class yearly while employed for the Missouri DOC and has taken investigator courses two or three times while he has been with CoreCivic. He was trained in criminal investigations while investigating in the Army.

115.34(b)

Policy 14-2 page 7 states, “Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.”

Content for the NIC *PREA: Investigating Sexual Abuse in a Confinement Setting* course was reviewed. This course complies with the training requirements as set forth by this standard. This course also includes all the required elements.

115.34(c)

Policy 14-2 states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with CoreCivic Policies 1-15 Record Retention and 4-2 Maintenance of Training Records.

Record review shows the investigator has completed specialized training.

115.34(d)

These subsections have no bearing on facility compliance.

Corrective Action:

None required

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (Effective 11/15/2017)
- CoreCivic "PREA Overview" Facilitator Guide
- "PREA: Specialty Training for Medical and Mental Health Staff" lesson plan
- Medical and mental health staff training records
- PREA Specialty Training for Medical and Mental Health Staff video
- MOU between The Teal House and CoreCivic

Findings:

115.35(a)

Policy 14-27 states, "In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work regularly in the facility, shall receive specialized medical training as outlined below:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to who to report allegations of sexual abuse and sexual harassment."

Jenkins Correction Facility currently has 28 staff who qualify under the definition of full and part-time qualified health care professionals and qualified mental health professionals. At the time of the completion of the PAQ, the facility indicated 100% training compliance.

In random interviews with qualified health care professionals and qualified mental health professionals, staff indicated they have been trained on all the requirements of this standard and were able to articulate what the training had covered.

Training records show completion of two PREA courses. These are: PREA: Specialty Training for Medical and Mental Health and PREA Overview.

115.35(b)

Jenkins Correction Facility staff do not conduct forensic medical examinations. They currently have a MOU with The Teal House that will be discussed in another section. In addition, Statesboro Regional Sexual Assault Center. During interviews, staff indicated any involved persons would be transported to the medical center for an examination.

115.35(c), (d)

Training records show completion of three PREA courses. These are: PREA: Specialty Training for Medical and Mental Health and PREA Overview.

Corrective Action:

None required

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
 Yes No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Interview with staff who conduct screenings
- Georgia Department of Corrections Policy 208.06: Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (*Effective 03/02/2018*)
- Sample/Requested Inmate Assessments
- Sexual Abuse Screening Tool

Findings:

115.41(a), (b)

Policy 14-2 pages 12-13 states, "Upon admission to the facility, inmates/detainees shall be screened by staff assigned to perform the initial intake screening process in order to obtain information relevant to housing, cell, work, education, and program assignments with the goal of keeping separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Housing assignments are made accordingly.

- a. Inmates/detainees shall be screened, within twenty-four (24) hours of arrival at the facility."

Copies of assessments were selected by the auditor for all inmates who were interviewed during the onsite portion of the audit. In each case, initial assessments were conducted per policy and the standard.

During the interview with the staff who complete the assessments, they indicated the screenings are all generally done within the first 24 hours after intake. Normally, the officer completes the main intake and then the inmate is brought to a case manager to complete the initial assessment.

115.41(c), (d)

The screening utilized by Jenkins Correction Facility asks the following questions:

Sexual Victim Factors

- 1) Is the offender a former victim of institutional (prison or jail) rape or sexual assault?
- 2) Is the offender 25 years old or younger or 60 years or older?
- 3) IS the offender small in physical stature? (BMI<18.5)
- 4) Does the offender have a developmental disability/mental illness/physical disability?
- 5) Is this the offender's first incarceration ever (prison or jail)?
- 6) Is or is perceived to be gay/lesbian/bisexual/transgender/intersex or gender non-conforming?
- 7) Does the offender have a history of prior sexual victimization (sex abuse)?
- 8) Is the offenders own perception that of being vulnerable?
- 9) Does the offender have a criminal history (convictions) that is exclusively non-violent?
- 10) Does the offender have a conviction(s) for sex offenses against adult and/or child?

Sexual Aggressor Factors

- 1) Does the offender have a past history of institutional (prison or jail) sexually aggressive behavior?
- 2) Does the offender have a history of sexual abuse/sexual assault towards others (adult and/or child)?
- 3) Is the offender's current offense sexual abuse/sexual assault towards others (adult and/or child)?
- 4) Does the offender have a prior conviction(s) for violent offenses?

Jenkins Correction Facility's screening tool utilizes both self-reported information from the inmate as well as staff observations for the initial assessment. In the Sexual Victim Factors section, if an inmate scores three or higher on questions two-ten or scores on question one, they are indicated as a victim.

115.41(e)

The screening utilized by Jenkins Correction Facility asks the following questions:

Sexual Aggressor Factors

- 1) Does the offender have a past history of institutional (prison or jail) sexually aggressive behavior?
- 2) Does the offender have a history of sexual abuse/sexual assault towards others (adult and/or child)?
- 3) Is the offender's current offense sexual abuse/sexual assault towards others (adult and/or child)?
- 4) Does the offender have a prior conviction(s) for violent offenses?

All mandatory elements of this substandard are contained in the assessment tool. Interviews with staff who conduct screening assessments and samples of random inmate assessments confirm this use of this tool and scoring.

115.41(f)

Policy 14-2 page 13 states, "A reassessment of the inmate/detainee's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Warden/Facility Administrator. The assessment shall occur: Within thirty (30) days of the inmate/detainee's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening."

The auditor requested and received copies of the assessments from 44 inmates. Of the 44 inmates, 27 of them have no documentation of a second assessment occurring within 30 days. Of the remaining 17 inmates, one of the assessments were completed beyond 30 days after the initial intake assessment. The remaining 16 inmates had incomplete documentation so assessing when the assessments were completed was not able to be done.

Corrective Action:

- 1) Create and implement a plan to ensure all assessments are completely filled out to include the date of completion.
- 2) Create and implement a plan to ensure all re-assessments are completed within 30 days after the initial assessment.
- 3) Provide auditor with monthly log of all inmates who were assessed and reassessed. The auditor will randomly select inmates from the log to request documentation showing compliance.

Final Compliance Determination:

During the interim period, Jenkins Correction Facility provided the auditor with a log of inmate assessments and reassessments in an effort to evaluate the institutionalization of the 30 day reassessment requirement. The auditor received and reviewed the documentation from the facility. During the review, the auditor received a spreadsheet containing offender admission date, initial assessment date, and 30 day reassessment date. The facility has implemented a plan to ensure all assessments are completed within 20-25 days to ensure a window to catch any that may have been missed and still complete them within 30 days. During review, the facility is completing 84% of 30 day assessments within 25 days and 100% within 30 days.

115.41 (g)

Policy 14-2 page 13 states, "When warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness."

During interviews with the staff who conduct the screenings, it was indicated they would perform an assessment at arrival, within 30 days after arrival, if they received additional information that may change the scoring, and if the inmate was involved in a PREA case.

115.41 (h)

Policy 14-2 states that inmates will not be disciplined for refusing to answer screening questions, as outlined in this provision.

While onsite, interviews were conducted with the staff members who conduct the intake assessments. Both staff indicated there is no punishment for refusing to answer the screening questions. They state they just document the refusal.

115.41(i)

Based on information received from the staff members who conduct the intake assessments, the facility practice is that the unit team has access to the information from the assessments. They utilize the information primarily for housing and employment but also utilize it to make recommendation that the inmate may need mental health services.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- List of Housing Sorted by Alert Type
- Screening Tool
- Interviews with screening staff
- Interview with PREA Compliance Manager

Findings:

115.42(a)

Policy 14-2 asserts that upon admission to the facility, inmates shall be screened by staff assigned to perform the initial screening process to obtain information relevant to housing, cell, work, education, and program assignments with the goal of keeping separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Also, that the screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization. Housing assignments are made accordingly.

JCF utilizes a housing committee to make the decisions how to best house the for programing and safety purposes. The screening tool is reviewed and utilized to assist in the decision making process.

Documentation review of those inmates who are assessed as victims or aggressors shows an effort to ensure safety whenever possible by keeping them in different areas of the institution.

115.42(b)

This substandard is not specifically addressed in policy but Jenkins Correction Facility demonstrated they do make individualized determinations with inmate safety in mind. The screening tool rates the inmates as predator, potential predator, potential victim, and victim.

115.42(c)

Policy 14-2 states, “In deciding whether to house a transgender or intersex inmate/detainee in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider the transgender or intersex inmate/detainee’s own views with respect to his/her own safety and shall consider on a case-by-case basis whether such placement would ensure the inmate/detainee’s health and safety. Consideration should also be given as to whether the placement would present management or security problems.”

Georgia Department of Corrections makes the determination whether transgender or intersex inmates will be housed at a male or female facility prior to them being transferred. Jenkins Correction Facility is a contract facility who houses those the Georgia Department of Corrections deems to be appropriate for placement within the facility.

115.42(d)

Policy 14-2 states, “Placement and programming assignments for each transgender or intersex inmate/detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the inmate/detainee.”

In the PAQ documentation, the facility indicated they did not have any inmates who identified as transgender or intersex. During the onsite portion of the audit, the auditor did not find any inmates who identified as transgender or intersex which indicated they had not missed any. Due to there being no transgender or intersex inmates, this subsection could not be confirmed.

115.42(e)

Policy 14-2 states, “In deciding whether to house a transgender or intersex inmate/detainee in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider the transgender or intersex inmate/detainee’s own views with respect to his/her own safety and shall consider on a case-by-case basis whether such placement would ensure the inmate/detainee’s health and safety.”

Interviews with the Warden, compliance manager, and screening staff indicated a belief in talking with the inmates and open communication. While there were no transgender inmates to

interview at the time of the onsite portion of the audit, it is evident the facility administration takes the inmates concerns very seriously.

115.42(f)

Policy 14-2 states, “Transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees.”

All showers at JCF are single stalls with curtains or doors depending on the area. In conversations with the PREA Compliance Manager he indicated that transgender and intersex inmates would have the option to shower separately if needed. Either of these options would allow for sufficient privacy.

115.42 (g)

Policy 14-2 page 14 states, “The establishment of a unit or pod solely dedicated to the housing of LGBTI and/or Gender Non-Conforming inmates/detainees is strictly prohibited unless required by consent decree, court order, or other comparable legal authority.”

The facility indicated in the PAQ there were no inmates who identified as gay, bi-sexual, transgender, intersex, or gender non-conforming. During the site review, informal inmate conversations, and interviews, there was no one who appeared to be of indicated being gay, bisexual, transgender, or intersex.

Corrective Action:

None required

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Pre-Audit Questionnaire (PAQ)

Findings:

115.43(a)

Policy 14-2 page 15 state inmates, "at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment."

The PAQ indicates Jenkins Correction Facility staff have not placed an inmate in involuntary segregation within the past 12 months. In looking at the housing assignments for those deemed to be at high risk for victimization and speaking to several of the inmates, it appears the facility does not utilize involuntary segregation as a method of separation. In addition, interviews conducted with staff throughout all levels confirm this information as well. During the interview with the facility's warden, he indicated he would never utilize involuntary segregation for an inmate who was at risk of victimization unless it was requested by the inmate.

115.43(b)

Policy 14-2 page 15 states, "Inmates/detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following:

- i. The opportunities that have been limited;
- ii. The duration of the limitation;
- iii. The reasons for such limitations."

Based on information received during interviews and the site review, there do not seem to be any cases of inmates held in involuntary segregation due to a high risk of being sexually victimized.

115.43(c), (d), (e)

The PAQ indicates there were no inmates held in involuntary segregation due to their risk of being sexually victimized. Files reviewed seem to confirm there have not been any cases of involuntary segregation of those at risk of being victimized.

Staff members that work the isolation/segregation unit reported there were no inmates placed in the unit for risk of sexual abuse, to their knowledge, and that inmates had not been involuntarily segregated for that reason.

Corrective Action:

None required

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Jenkins Correction Facility Inmate Handbook
- PREA signage
- File review

Findings:

115.51(a)

Policy 14-2 pages 16 and 17 states, "Inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates/detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods:

- 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 twenty-four (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;

- v. Calling or writing to someone outside the facility who can notify facility staff;
- vi. Forwarding a letter to the CoreCivic Managing Director, Facility Operations, at the following address: 10 Burton Hills Boulevard Nashville, TN 37215
- vii. Electronically report allegations of sexual abuse and harassment to any department listed in the C-ORES system as a contact.
- viii. At this facility, additional inmate/detainee reporting methods required by the contracting agency are:
 - a. *7732 (*PREA) which the Georgia Department of Corrections PREA Reporting hotline. This call can be made via inmate telephones.
 - b. Electronically report allegations using the goal device to PREA.Report@GDC.GA.GOV, in lieu of the C-ORES system.”

During interviews with staff and inmates at the facility, they were able to articulate multiple ways in which a report can be made both inside and outside of the facility.

115.51(b)

Jenkins Correction Facility has a contract with the Georgia Department of Corrections (GDOC). Inmates may contact the GDOC either through the *7732 phone number or the goal device.

During interviews with both random and targeted inmates, each was able to articulate options for making PREA reports both inside and outside of the facility.

115.51(c)

Policy 14-2 page 17 states, “Employees must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.”

During random and targeted inmate interviews, all inmates were able to articulate multiple methods of reporting to include reporting to staff. The majority of inmates indicated there were staff they were comfortable with and would report directly to staff.

During staff interviews, each person was able to articulate they will accept a report of sexual abuse/sexual harassment no matter what medium was used to report.

File documentation from cases where verbal reports were made show a very efficient response to the allegation to include staff documentation.

115.51(d)

Policy 14-2 page 17 states, “Employees may privately report sexual abuse and sexual harassment of inmates/detainees by forwarding a letter, sealed and marked ‘confidential’, to the Warden/Facility Administrator.”

Review shows staff have the option to contact the warden or to utilize the CoreCivic Ethics telephone line for making anonymous reports regarding sexual abuse or sexual harassment of inmates.

During random staff interviews, staff reported they would either call the hotline or talk to a supervisor in their facility.

Corrective Action:

None required

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/28/2017*)

Findings:

115.52(a)

Policy 14-2 page 17 states, "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."

The PAQ incorrectly indicated one grievance alleging sexual abuse being processed through the grievance system. All allegations of sexual abuse were reviewed by the auditor and there were no allegations that were processed through the grievance system.

115.52(b)

Not Applicable: Exempt

115.52(c)

Not Applicable: Exempt

115.52(d)

Not Applicable: Exempt

115.52(e)

Not Applicable: Exempt

115.52(f)

Not Applicable: Exempt

115.52 (g)

Not Applicable: Exempt

Corrective Action:

None Required

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/28/2017*)
- Inmate handbook
- CoreCivic Preventing Sexual Abuse and Misconduct pamphlet
- The Teal House posters

Findings:

115.53(a)

Policy 14-2 page 10 states, "Inmates/detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates/detainees mailing addresses and telephone numbers, including toll-free numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates/detainees and these organizations and agencies, in as confidential a manner as possible."

Inmates at Jenkins Correction Facility have access to confidential support services through the Teal House Sexual Assault Center. There is prevalent signage within the facility.

115.53(b)

Policy 14-2 page 10 states, "Inmates/detainees shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility signage all contains a notification that all calls are confidential and at no cost."

115.53(c)

The facility has a current MOU with the Teal House Sexual Assault Center. The MOU is active as of 05/14/2019 and does not expire unless one of the agencies terminates the agreement. As part of the agreement, Teal House Sexual Assault Center will provide advocacy/SANE services upon request, will provide emotional support services related to sexual abuse, sexual assault and sexual harassment, will immediately contact the facility PREA Coordinator or highest ranking staff member of all non-anonymous reported received from facility inmates, will maintain confidentiality, and will communicate any questions to the facility PREA Coordinator.

Corrective Action:

None Required

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Jenkins Correction Facility website
- Photos of Zero Tolerance notice on facility entrance gates
- Photos of facility PREA Posters

Findings:

115.54(a)

On the Jenkins Correction Facility website, <http://www.corecivic.com/facilities/jenkins-correctional-center>, there are four options for making a third party report. These are:

- 1) Call the facility
- 2) Call the Georgia Department of Corrections, Inmate Affairs (Ombudsman)
- 3) Utilize the CoreCivic Ethics hotline or visit the website
- 4) Write to the Jenkins Correction Facility

Corrective Action:

None required

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Investigation Reports

Findings:

115.61(a), (b)

Policy 14-2 page 17 covers the requirement of all staff reporting immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, to treat all allegations as credible, and to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, it also covers the requirement that staff is prohibited from revealing 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.

Each of the random staff interviewed stated they were aware they were prohibited from sharing any information about an allegation except with their supervisor or the investigator. They were also aware of their reporting requirements in relation to PREA allegations.

115.61(c)

Policy 14-2 page 17 states, "Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined above in L.2.a. At the initiation of providing medical care, both medical and mental health

professionals will inform inmates/detainees of their professional duty to report and the limitations of confidentiality.”

During an interviews conducted with medical staff and behavioral health staff, they reported the inmates are informed of the confidentiality limits and that all information pertaining to sexual abuse must be reported to facility staff.

115.61(d)

Policy 14-2 page 18 states, “If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person’s statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.”

Jenkins Correction Facility does not house inmates/detainees under this age of 18 so this standard is not applicable.

115.61(e)

Policy 14-2 page 17 states, “All reports of sexual abuse and sexual harassment will be reported to the facility investigator.”

The Warden, the PREA Compliance Manager, and the investigator all reported this is the practice.

Investigation file review verified this is the practice.

Corrective Action:

None required

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (Effective 11/15/2017)

Findings:

115.62(a)

Policy 14-2 page 1 states, "When it is learned an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action will be taken to protect the inmate/detainee."

All staff, the PREA Compliance Manager, and the Warden indicated they would take immediate action if they learned an inmate was at substantial risk of abuse. Staff reported they would separate them from the potential perpetrator and report to their supervisor.

File review for the reporting period indicated any instances of an inmate being at risk of imminent sexual abuse. The file was reviewed by the auditor and found the facility staff took immediate action to separate the alleged victim from the alleged perpetrator.

Corrective Action:

None required

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)

Findings:

115.63(a), (b), (c)

Policy 14-2 page 20 states the Warden is responsible to contact the facility where the reported abuse occurred as soon as possible but no later than 72 hours after receiving the allegation.

JCF provided a memo stating they have not had any allegations made within their facility that would apply to this standard.

115.63(d)

Policy 14-2 page 20 states, “If an allegation is received from another facility, the Warden/Facility Administrator will ensure the allegation is investigated.”

Jenkins Correction Facility reported not receiving any allegation information from other facilities. The investigation records were provided to the auditor for review. There is no indication of any outside reports being investigated for the reporting period.

Corrective Action:

None Required

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 - Yes No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)

Findings:

115.64(a), (b)

Policy 14-2 page 18 states, "Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:

- a. The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to the Health Services Department."

Jenkins Correction Facility reported four allegations during the reporting period. In all cases, a security staff person the first responder to the incident. Investigation file review showed the first responders followed the facilities coordinated response protocol.

During random staff interviews, staff were all able to articulate the expectations of them if they were to be a first responder to an allegation. In addition, staff are provided a first responder card which outlines their first responder duties to a PREA allegation.

Corrective Action:

None Required

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Investigation files
- Sexual Abuse Incident Check Sheet
- Sample Incident Reports
- Memo from Warden: Sexual Abuse Response Team (*05/17/2019*)

Findings:

115.65(a)

Policy 14-2 pages 10-12 cover the provisions of this standard. It covers first responder duties, completion of documentation to ensure compliance with all investigative standards, medical response, mental health response, and the victim services coordinator response. The Sexual Abuse Check Sheet utilized in conjunction with each investigation documents the procedures.

In addition, the facility utilizes a Sexual Abuse Response Team (SART) made up of the team coordinator, the PREA Compliance Manager, a medical representative, a mental health representative, a security representative, an investigator, and the victim services coordinator. This team works together throughout the investigative process to support the alleged victim and ensure compliance with policy.

Corrective Action:

None required

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Pre-Audit Questionnaire (PAQ)

Findings:

115.66(a), (b)

Policy 14-2 (p 27-28) addresses this standard regarding collective bargaining agreements entered by the agency; ensuring the agency is not limited in the removal of staff members involved in inmate sexual abuse.

Jenkins Correctional Center does not utilize collective bargaining so this standard is not applicable.

Corrective Action:

None required

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- PREA Retaliation Monitoring Report (30/60/90)

Findings:

115.67(a)

Policy 14-2 page 11 states, "The PREA Compliance Manager will: iv. Ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff following a report of sexual abuse to protect against potential retaliation against inmates/detainees or employees. This shall include periodic status checks of inmates/detainees and review of relevant documentation."

115.67(b), (c), (d), (e)

Policy 14-2 addresses subsections (c) and (d). The facility utilizes the PREA Retaliation Monitoring Report (30/60/90) to document the process. The person charged with reporting indicated she schedules appointments for the 30, 60, and 90 day meetings but will schedule more frequent meetings if needed. She reported she tells them to contact her directly if they experience any issues. If an issue would present itself, she would take immediate action to ensure inmates' safety.

When asked what retaliation monitoring generally looks like, she stated she looks for sleep or appetite changes, suicidal ideation, housing issues, or discipline which covers the requirements of standard (c).

When asked about how long retaliation monitoring generally runs, she stated it is generally 90 days but, if needed, she will talk to the compliance manager and extend the monitoring if needed.

The PAQ and documentation review shows no known issues with retaliation during the reporting period.

115.67(f)

This subsection is not listed in policy and has no effect on compliance with the standard.

Corrective Action:

None required

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- CoreCivic Segregation/Restrictive Housing Unit Management policy 10-1 (*Effective Date 09/19/2013*)

Findings:

115.68(a)

This standard states, "Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43." Policy 14-2 (p 15) addresses Standard 115.43 (pertaining to inmates at high risk of sexual abuse) and, thus, this standard (pertaining to inmate victims of sexual abuse). Pre-audit documentation stated that Jenkins Correction Facility does not involuntarily segregate inmates that have alleged sexual abuse.

The PAQ states there were no inmates who had suffered sexual abuse held in involuntary segregated housing. Interviews with staff and inmates indicate this information to be accurate. Document review does not show any placements in involuntary segregation. In addition, the facility head reported they would "never" lock up an inmate at high risk of sexual abuse, or who had reported sexual abuse, or subject an inmate to restrictive housing for this reason. That said, it is recommended that the agency and facility establish a method of documenting the requirements of this provision.

Staff members that work the isolation/segregation unit reported there were no inmates placed in the unit for risk of sexual abuse, to their knowledge, and that inmates had not been involuntarily segregated for that reason.

Corrective Action:

None Required

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- CoreCivic Sexual Assault Response policy 13-79 (*Effective 12/23/2013*)
- CoreCivic Record Retention Schedule
- Presentation from PRC *PREA Update, Investigation Standards, and Required Specialty Training*
- Investigator Training Certificate and Training Record
- MOU with Jenkins County Sheriff Department
- Sample Investigation Report

Findings:

115.71(a)

Jenkins Correction Facility has a very thorough policy, 13-79 Sexual Assault Response, which cover all the elements of this provision.

During the interviews with the investigators, they indicated they are notified each time there is an allegation of sexual abuse or sexual harassment. Generally, by the time they would be contacted, shift supervisor or captain would take the alleged victim to medical and separate the alleged victim and alleged perpetrator as needed.

115.71(b)

The training records of the administrative PREA Investigator indicate completion of PREA Investigator training in 2016. In addition to completing this training, he has completed the facility PREA training required of all staff on a yearly basis. The administrative investigator would be responsible for contacting GDOC if a criminal investigation would be needed. He reported GDOC investigators usually respond within a day.

115.71(c)

Jenkins Correction Facility has one investigator.

Based on his past investigative experience and on the curriculum of the training courses he has completed, he has been trained above the minimum requirements required by this standard.

115.71(d)

Criminal investigations are conducted by GDOC for both staff on inmate and inmate on inmate criminal allegations. The administrative investigator is responsible for communicating with the prosecutors and any outside investigators. The administrative investigator indicated he is allowed to utilize Garrity but generally does not.

115.71(e), (f)

Policy 14-2 page 23 states, "The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on 5-1G Incident Investigation Report via the IRD and shall detail the following components.

- a. Investigative facts (i.e. specific details about what actually happened);
- b. Physical evidence (e.g. clothes collected, medical evidence, etc.);
- c. Testimonial evidence (e.g. witness statements);
- d. Reasoning behind credibility assessment (i.e. why is the person deemed credible or not credible. Credibility shall be assessed on an individual basis and shall not be determined by the person's status as an inmate/detainee or employee);
- e. Investigative findings (i.e. discovery or outcome of the investigation); and
- f. Whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the conclusion."

The interview with the administrative investigator and the review of the investigation files show an unbiased approach to the investigations. There were no indications during the interviews with inmates who had reported that they were not seen as credible based on the fact they were an inmate.

115.71 (g)

All criminal investigations are conducted by GDOC or the sheriff's department.

115.71 (h) (i)

Jenkins Correction Facility maintains all documentation pertaining to all allegations and investigations. As part of the documentation review, information from all sexual abuse allegations for the reporting period were requested. The facility provided documentation for two inmate-on-inmate sexual abuse allegations. Only one case could be investigated criminally and a referral was made. All documentation was promptly produced. In each investigative file, all documentation is in order and information is recorded thoroughly and completely.

115.71(j)

Jenkins Correction Facility follows through with investigations regardless of whether the alleged perpetrator is still employed or under their custody. For the reporting period, there were no allegations to review where the alleged abuser was had left prior to the conclusion of the investigation.

115.71(k)

This substandard does not affect compliance with the standard.

115.71(l)

GDOC conducts the criminal investigations at Jenkins Correction Facility. During investigation file review, there is documentation of communication between the facility and the department.

Policy 14-2 states, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the status of the investigation."

During targeted interviews, it was evident there is a cooperative working relationship between Jenkins Correction Facility staff and Georgia Department of Corrections staff.

Corrective Action:

None Required

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Interviews with investigative staff
- Investigation file review

Findings:

115.72(a)

Policy 14-2 page 25 states, "In any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place."

The interviews with the investigators revealed appropriate knowledge as far as the definitions of each of the investigative findings. In addition, investigation files for the reporting period were reviewed. The findings in each of the investigations were appropriate based on the information uncovered during the investigation.

Corrective Action:

None Required

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Inmate/Detainee PREA Allegation Status Notification form
- Sample Inmate/Detainee PREA Allegation Status Notification forms

Findings:

115.73(a)

Policy 14-2 page 25 states, "Following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee."

According to the PAQ, the facility had four sexual abuse/sexual harassment allegations within the past 12 months. It is indicated in the questionnaire that all victims from these investigations were notified of the finding of the investigation.

All investigation files were reviewed for the reporting period. In all cases, the notification had been completed with the victim in the case.

115.73(b)

According to the PAQ, there was one investigation conducted by an external agency in the past 12 months.

Review of investigation files shows one investigation completed by an external agency. All documentation is accounted for in the case.

115.73(c)

Policy 14-2 page 25 states, "Following an inmate/detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee (unless the facility has determined the allegation is unfounded) whenever: a. The employee is no longer posted within the inmate/detainee's unit as a result of the findings of the investigation; b. The employee is no longer employed at the facility as a result of the allegation; c. The facility learns that the employee has been indicted on a charge related to sexual abuse within a facility; or d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility."

Based on review of investigation files, there have been no allegations of sexual abuse against an inmate by a staff member in the past 12 months. Investigative file review shows no unaccounted for investigations.

115.73(d)

Policy 14-2 page 25 states, "Following an inmate/detainee's allegation that he/she has been sexually abuse by another inmate/detainee, the facility shall subsequently inform the alleged victim whenever: a. The facility learned that the alleged abuser has been convicted on a charge related to sexual abuse within the facility; or b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

Based on the review of investigation files, there was one case that may have led to criminal prosecution. The case contains victim notification documentation.

115.73(e)

Policy 14-2 states, "All inmate/detainee notifications or attempted notifications shall be documented on the 14-2E Inmate Allegation Status Notification. The inmate/detainee shall sign the 14-2E Inmate Allegation Status Notification, verifying that such notification has been received. The signed 14-2E Inmate Allegation Status Notification shall be filed in the inmate/detainee's institutional file."

Jenkins Correction Facility reported through the PAQ that four notifications were made and documented within the past 12 months. Review of all investigative files showed that all were made in accordance with agency policy and this standard.

Corrective Action:

None required

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/28/2017*)
- Investigation Records and Documentation

Findings:

115.76(a)

Policy 14-2 asserts that employees are subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies.

115.76(b)

Policy 14-2 stated that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

Jenkins Correction Facility reported they had no violations of the sexual abuse/sexual harassment policy within the past twelve months. Investigation file review shows no substantiated allegation of sexual abuse/sexual harassment against a staff person.

115.76(c)

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

Jenkins Correction Facility reported they had no violations of the sexual abuse/sexual harassment policy within the past twelve months. Investigation file review shows no substantiated allegation of sexual abuse/sexual harassment against a staff person.

115.76(d)

Policy 14-2 asserts that all terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Jenkins Correction Facility reported they had no violations of the sexual abuse/sexual harassment policy within the past twelve months. Investigation file review shows no substantiated allegation of sexual abuse/sexual harassment against a staff person.

Corrective Action:

None Required

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/28/2017*)
- Investigation Records and Documentation

Findings:**115.77(a)**

Policy 14-2 asserts that any civilian or contractor who engages in sexual abuse shall be prohibited from contact with inmates/detainees and shall be reported to law enforcement agencies and to any relevant licensing body.

Jenkins Correction Facility reported no investigations into violations of the sexual abuse or sexual harassment policies by volunteers or contractors. Investigation file review seems to confirm there are not any unaccounted-for allegations. As a result, there have been no reports made to law enforcement or relevant licensing bodies.

115.77(b)

Policy 14-2 states that any other violation of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions.

Jenkins Correction Facility reported no investigations into violations of the sexual abuse or sexual harassment policies by civilians or contractors. Investigation file review seems to confirm there are not any unaccounted-for allegations. As a result, there has been no need for remedial measures. However, the policy and procedure in place is compliant with this standard.

Corrective Action:

None Required

Standard 115.78: Disciplinary sanctions for inmates**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.78 (a)**

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Georgia Department of Corrections Standard Operating Procedure IIB02-0001 Offender Discipline (*Effective 04/30/2015*)
- Sample investigations with Disciplinary Reports

Findings:

115.78(a)

Policy 14-2 states, “All inmates/detainees found guilty of sexual abuse shall be institutionally disciplined in accordance with facility disciplinary procedures. Because the burden of proof is substantially easier to prove in an inmate/detainee’s disciplinary case than in a criminal prosecution, an inmate/detainee may be institutionally disciplined even though law enforcement officials decline to prosecute.”

The PAQ reported there has been one substantiated case of inmate in inmate sexual abuse during the past 12 months. The inmate admitted to the allegation and negotiated a plea. Internal discipline for the inmate included 90 days of store restriction, telephone restriction, and package restriction.

115.78(b)

Policy 14-2 states that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate/detainee’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates/detainees with similar histories.

The PAQ reported there has been one substantiated case of inmate in inmate sexual abuse during the past 12 months. There were no other substantiated allegations to be able to compare the discipline listed in (a) against.

115.78(c)

Policy 14-2 states that the disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

The PAQ reported there has been one substantiated case of inmate in inmate sexual abuse during the past 12 months. In this case, there were no mental disabilities or mental illness issues that may have contributed to the abuse or sanction.

115.78(d)

Policy 14-2 cites this provision stating, “If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.”

File review shows consistent utilization of behavioral health staff in investigations. During an interview with behavioral health staff, it was reported the perpetrator is not generally referred for services. In further review and in information received from the facility, the facility mental health staff are not trained to conduct specialized assessments for abusers. However, when there is a substantiated allegation of sexual abuse, the perpetrator would be transferred out of the facility and into a Georgia Department of Corrections facility. Upon arrival there, a mental health assessment would be conducted and any appropriate referrals would be made to facility staff.

115.78(e)

Policy 14-2 asserts that inmates may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact.

Jenkins Correction Facility has not had a substantiated sexual abuse allegation between staff and inmates during the past 12 months.

115.78(f)

Policy 14-2 states, "Inmates/detainees who deliberately allege false claims of sexual abuse can be disciplined. The Warden/Facility Administrator or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution."

Jenkins Correction Facility has not had any allegations that were deemed to have been made in bad faith during the past 12 months.

115.78 (g)

Policy 14-2 asserts that sexual activity between inmates is prohibited and that discipline is issued for such activity. The policy also states that such activity will not be deemed sexual abuse if it is determined the activity is not coerced.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Georgia Department of Corrections PREA Sexual Victim/Sexual Aggressor Classification Screening
- CoreCivic Medical Records policy 13-58 (*Effective 03/01/2012*)
- CoreCivic Mental Health Services policy 13-61 (*Effective 06/04/2018*)
- CoreCivic Privacy of Protected Health Information 13-74 (*Effective 04/25/2013*)
- Sample Movement History
- Sample Offender PREA Classification Details
- Sample Comprehensive Mental Health Evaluation

Findings:

115.81(a)

Policy 14-2 states the following: Inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community are assessed by mental health or other qualified professional within fourteen (14) days of the intake screening. Inmates at risk for sexual victimization will be identified, monitored, and counseled.

Based on documentation received in the PAQ documentation, additional requested assessments, and an interview with behavioral health staff, the facility exceeds standards for behavioral health care of potential victims. Jenkins Correction Facility utilizes mental health staff for retaliation monitoring within the facility.

115.81(b)

Policy 14-2 states the following: Inmates/detainees identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical or mental health or other qualified professional within 14 days of the intake. Inmates with a history of sexually assaultive behavior will be identified, monitored, and counseled.

Based on documentation received pre-audit, additional requested assessments, and an interview with behavioral health staff, the facility exceeds standards for behavioral health care of potential aggressors.

115.81(c)

Jenkins Correction Facility is a prison, not a jail. This provision is not applicable.

115.81(d)

Policy 13-74 Privacy of Protected Health Information states, "Protected health information (PHI), whether in the form of prescription, medical chart (hard copy or electronic), vital signs or conversations between a patient inmate/resident and a health care provider, is strictly confidential and may be disclosed only within the procedures set out in this policy. Health Services Staff will share with other correctional staff members' only information that has a potential impact on classification, institutional security, ability of the patient inmate/resident to participate in programs or other facility activity or for the health and safety of the patient inmate/resident or others. Only the "minimum necessary" protected health information will be disclosed to correctional staff to satisfy the particular instance or circumstance."

Policy 13-61 Mental Health Services states: Mental health appraisals will be conducted for all intersystem inmate/resident patients by a qualified mental health professional within fourteen (14) days of admission to the facility as follows: a. Prisons and ACI Accredited Facilities b. Jails, Detention Facilities, and ALDF Accredited Facilities.

At a minimum, the comprehensive mental health evaluation will include the following components and will be documented on the 13-61A Comprehensive Mental Health Evaluation or other contractually required equivalent form k. Review of history of sexual abuse-victimization and predatory behavior...

115.81(e)

Policy 14-2 cites this provision stating, "Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures outlined above in L.2.a. At the initiation of providing medical care, both medical and mental health professionals will inform inmates/detainees of their professional duty to report and the limitations of confidentiality. Medical and mental health practitioners shall obtain informed

consent from inmates/detainees before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate/detainee is under the age of 18.”

Corrective Action:

None Required

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (Effective 11/15/2017)
- CoreCivic Sexual Assault Response policy 13-79 (Effective 6/4/2018)
- CoreCivic Medical Emergency Response policy 13-34 (Effective 3/11/2019)
- CoreCivic Sick Call policy 13-80 (Effective 1/7/2019)
- MOU between Teal House Sexual Assault Center and CoreCivic
- Rape/Sexual Assault Protocol form
- Sample Rape/Sexual Assault Protocol forms

Findings:

115.82(a)

Sexual Assault Response Policy 13-79 (p 1) cites this standard; mandating that inmates have access to timely and unimpeded emergency medical services and crisis intervention.

Jenkins Correction Facility offers round-the-clock inmate medical services. Inmates can also be transported to the local hospitals or sexual assault center for emergency medical services including forensic exam. Crisis intervention services/SANE examinations are provided via an MOU with Teal House Sexual Assault Center.

Review of investigative records and documentation verified that the facility there has not been any cases which would require a medical forensic examination. Medical staff who was interviewed were able to articulate what the process would be in a case where an exam was warranted. It was indicated they would only deal with emergency medical needs prior to an exam being conducted offsite.

In addition, the Rape/Sexual Assault Protocol form indicates the following steps for medical staff.

If the incident occurred within the last 72 hours:

- 1) Assess and stabilize any life/limb threatening injuries.
- 2) Notify LP.
- 3) Do not allow patient inmate/resident to bathe/shower, change clothes, use the restroom and/or consume food/drink until the rape/assault evaluation has been completed after transportation to the ER.
- 4) Refer the patient inmate/resident to facility mental health staff to evaluate the patient for suicidal ideation and ongoing counseling needs.
- 5) Provide supportive care until transferred to ER.

If the incident occurred more than 72 hours ago:

- 1) Assess and stabilize any life/limb injuries.
- 2) Notify LP who will evaluation/treat as needed, or order transfer to ER (if current medical condition requires this and/or signs or physical trauma suggesting recent sexual abuse are detected.)

- 3) Refer the patient inmate/resident to facility mental health staff to evaluate the patient inmate/resident for suicidal ideation and on-going counseling services.

115.82(b)

Policy that addresses this specific provision was not provided but was evidenced in practice. Evidence of this practice was reviewed in investigative records and documentation. Immediate and preliminary steps were taken by first responders to ensure inmate safety. Immediate notifications were made to the PREA compliance manager and subsequent notifications in accordance with agency policy and the coordinated response. This process was well documented on the incident reports, PREA Response Checklist, and Sexual Assault Report.

115.82(c)

Policy 13-79 (p 3) addresses this provision; testing and prophylaxis. This policy provides detailed guidance on timely access to emergency contraception and sexually transmitted infections (STI) prophylaxis. Initial STI testing is performed as part of the forensic exam and then subsequent testing is performed at the facility per doctor's orders.

115.82(d)

Policy 13-79 (p 1) asserts that treatment services are provided without cost to the inmate. CoreCivic's PREA pamphlet informs inmates that fees for medical services related to sexual misconduct are waived.

Corrective Action:

None Required

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- CoreCivic Sexual Assault Response policy 13-79 (*Effective 6/4/2013*)
- Sample Sexual Abuse Incident Check Sheet

Findings:

115.83(a), (b), (f)

Sexual Assault Response Policy 13-79 outlines emergency medical and mental health treatment.

In practice, ongoing medical services are generally provided by facility medical mental health staff. Often, crisis intervention and emotional support is provided by facility mental health staff as well, but this is also established via an MOU with the Teal House Sexual Assault Center. The MOU outlines these services.

115.83(c)

Sexual Assault Response Policy 13-79 (p 1) mandates a level of medical and mental health care consistent with a community level of care.

As previously indicated, medical and mental health services are generally provided onsite. Policy and document review indicate that these services will be provided by qualified mental health professionals. Completed Sexual Assault Check Sheet forms documented the offering of advocacy services.

Medical and mental health staff were interviewed and indicated that the level of care available to inmates likely exceeds that of the community due to the proximity and availability of medical and mental health staff. Review of documentation included medical and mental health documentation.

115.83(d), (e)

These provisions are not applicable since Jenkins Correction Facility is an all-male facility.

115.83 (g)

Sexual Assault Response Policy 13-79 (p 1) asserts that treatment services are provided without cost to the inmate. The CoreCivic PREA pamphlet notifies the inmates of this requirement.

115.83 (h)

Sexual Assault Response Policy 13-79 (p 4) cites this provision regarding the evaluation of known inmate abusers but also states that if the inmate refuses this mental health evaluation, it shall be documented on the 13-49B Refusal to Accept Medical Treatment and then placed in the inmate's file. As stated under 115.78(d), mental health staff indicated referrals for aggressors are not being completed.

In further review and in information received from the facility, the facility mental health staff are not trained to conduct specialized assessments for abusers. However, when there is a substantiated allegation of sexual abuse, the perpetrator would be transferred out of the facility and into a Georgia Department of Corrections facility. Upon arrival there, a mental health assessment would be conducted and any appropriate referrals would be made to facility staff.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

improvement and submit such report to the facility head and PREA compliance manager?

Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- Memo from Warden: Designated SART/SAAPI Positions (*07/11/2019*)
- Memo from Warden: Sexual Abuse Response Team (*05/17/2019*)
- Sexual Abuse or Assault Incident Review Form

Findings:

115.86(a), (b)

Policy 14-2 (p22-23) addresses post investigation review. It cites this provision mandating a review of substantiated and unsubstantiated sexual abuse allegations. Policy charges the warden with the responsibility of ensuring this is accomplished. This process is documented on the Sexual Abuse or Assault Incident Review Form. These reviews were noted consistently during the review of investigative records and documentation.

Policy 14-2 requires these reviews to be completed ordinarily within 30 days of the conclusion of the investigation. Documentation review of the Sexual Abuse or Assault Incident Review Form verified this to be an established practice.

115.86(c), (d), (e)

Sexual Abuse or Assault Incident Reviews capture the case number, type of allegation, review team members, an assessment of the location of the incident, an assessment of the motivation for the incident, staffing levels in the area, the need for deploying or augmenting monitoring technology, need for changes to policy or practice, recommendations and timeframe for

implementing, and reasons for not implementing recommendations (if applicable). Review of completed reviews indicated that the PREA coordinator and PREA compliance manger were part of the review and the document was signed by the facility head.

The PREA Compliance Manager was interviewed as a review team member and explained the review process; looking for changes that need to be made to prevent such incidents from occurring. They discuss possible patterns and also involves communication with the SART team. The facility head discussed the purpose of such reviews being to uncover any possible adjustments needed to procedures.

Corrective Action:

None Required

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)
- 2018 PREA Annual Report
- CoreCivic website
- 2017 Survey of Sexual Victimization (SSV)

Findings:

115.87(a), (b), (c), (d)

Policy 14-2 (p 28) addresses the collection and aggregation of sexual abuse data as well as specifying that it shall include, at minimum, all categories of data necessary to respond to the Survey of Sexual Victimization (SSV).

This data was collected, and was reviewed. It indicates whether the incident is: inmate-on-inmate sexual harassment, inmate-on-inmate nonconsensual sexual act, inmate-on-inmate abusive sexual contact, staff sexual misconduct, or staff sexual harassment. These categories comprise what is necessary to complete the SSV. The Sexual Abuse or Assault Incident Review document captures the same categories. The most recent completed Survey of Sexual Victimization (2017) was provided for review as well. The 2018 SSV was not provided because the form has not yet been released for completion.

The PREA coordinator collects and aggregates all department sexual abuse and sexual harassment data on an ongoing basis.

115.87(e)

Jenkins Correction Facility does not contract for housing of any of their inmates so this substandard is not applicable.

115.87(f)

Beyond the Survey of Sexual Victimization noted under 115.87 (a)(b)(c)(d), the Department of Justice has not requested any information.

Corrective Action:

None Required

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (Effective 11/15/2017)
- CoreCivic 2016 PREA Annual Report
- CoreCivic Website

Findings:

115.88(a), (b), (c)

Policy 14-2 (p 29) addresses data review pursuant to this standard; identifying problem areas, taking corrective action, and preparing an annual report.

The auditor was provided with the CoreCivic's 2018 PREA Annual Report. The report contains information on the scope of the report, definitions of sexual abuse and sexual harassment (as defined in the PREA Standards), data collection methods and efforts, audits completed, corrective action taken, and data comparison between 2015, 2016, 2017, and 2018. It is a detailed report that contains detailed data; breaking it down by facility type (prisons/jails and community confinement) and then by incident type (staff-inmate sexual abuse, staff-inmate sexual harassment, inmate-inmate sexual abuse, inmate-inmate sexual harassment) and then by case disposition (substantiated, unsubstantiated, unfounded). The report includes narrative portions explaining agency PREA efforts and the collection, review, and trends in data. The report also depicts trends in substantiated incidents; showing an increase from 2015 to 2016, a decrease from 2016 to 2017, and an increase from 2017 to 2018. The detail, data, and information contained in this report exceeds this standard.

The report was created by the CoreCivic PREA coordinator. The first page and summary of the 2018 PREA Annual Report contains the signature of the executive vice president and chief corrections officer.

CoreCivic PREA Annual Reports from 2013-2018 are posted on the agency public website:

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

The Vice President of Operations/Administration elaborated on the agency's use of sexual abuse and sexual harassment data to continually improve PREA efforts. He further explained the type of data that is collected; expressing familiarity with the annual report data, and the agency's data-driven approach; detecting trends and using that to identify needed corrective action.

115.88(d)

Policy 14-2 (p 29) cites this provision, stating the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The PREA coordinator indicated that it has not yet been necessary to redact information from the annual reports.

Corrective Action:

None Required

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

- CoreCivic Sexual Abuse Prevention and Response policy 14-2 (*Effective 11/15/2017*)

- CoreCivic Retention of Records policy 1-15 (*Effective 03/01/2012*)
- CoreCivic Records Retention Schedule
- 2018 PREA Annual Report
- CoreCivic Website

Findings:

115.89(a)

Policy 14-2 (p 28) states, “Data collected for this purpose shall be securely stored and retained in accordance with the facility’s record retention policies.”

115.89(b)

Policy 14-2 (p 29) states, “The FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website.” Review of the CoreCivic website affirmed the availability of the sexual abuse data and the data was made available annually as evidenced by the PREA Annual Reports from 2013-2018.

115.89(c)

Policy 14-2 (p 29) states, “Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.”

Review of the data on the GDOC website revealed no personal identifiers. Review of the data on the CoreCivic website revealed no personal identifiers.

115.89(d)

Policy 14-2 (p 28) states, “Data collected for this purpose shall be securely stored and retained in accordance with CoreCivic Policy 1-15 Retention of Records.” The PAQ indicated that CoreCivic retains data for at least 10 years, in accordance to this provision.

Corrective Action:

None required

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through discussions with the PREA coordinator, the auditor learned that the agency, CoreCivic, ensures that one-third of their facilities are audited each year and the PREA coordinator is charged with this responsibility. The PREA coordinator and auditor discussed some logistics and challenges related to making this happen.

The auditor observed all areas of the facility, which included all areas in which the auditor requested to see. The agency and facility were very accommodating with all documentation requests. Interviews were conducted in private settings; without being heard by others. All information obtained and observed by the auditor supported the fact that inmates were permitted to send confidential correspondence to the auditor. One piece of correspondence was received.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Final PREA audit reports are posted to the facility website.

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.

Maren Arbach

05/03/2020

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.