

PREA Facility Audit Report: Final

Name of Facility: Jenkins Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/19/2022

Date Final Report Submitted: 05/20/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 05/20/ 2023

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	11/15/2022
End Date of On-Site Audit:	11/17/2022

FACILITY INFORMATION	
Facility name:	Jenkins Correctional Facility
Facility physical address:	3404 Kent Farm Drive, Millen, Georgia - 30442
Facility mailing address:	

Primary Contact	
Name:	Robert Adams
Email Address:	Robert.AdamsJr@corecivic.com
Telephone Number:	478-982-6300

Warden/Jail Administrator/Sheriff/Director	
Name:	Robert Adams
Email Address:	Robert.AdamsJr@corecivic.com
Telephone Number:	478-982-6300

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

Facility Health Service Administrator On-site	
Name:	Lisa Rowe
Email Address:	Lisa.Rowe@corecivic.com
Telephone Number:	478-982-6338

Facility Characteristics	
Designed facility capacity:	1150
Current population of facility:	1144
Average daily population for the past 12 months:	1138
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	18-75
Facility security levels/inmate custody levels:	Minimum and Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	152
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	16
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	16

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

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Eric Pierson	Email Address:	Eric.Pierson@corecivic.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-15
2. End date of the onsite portion of the audit:	2022-11-17

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Teal House and JDI

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1150
15. Average daily population for the past 12 months:	1138
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1144
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	14
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	117
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	19
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	3
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>159</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>152</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>16</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>16</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees. The following inmates were selected from the housing units: four from 100A, four from 100B (segregation), four from 100C, two from 200A, two from 200B, two from 200C, two from 200D, three from 300A, eight from 300B, four from 300C, two from 300D and one from the infirmary.</p>

<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random interviews varied across race, ethnicity, age, time at the facility and housing assignment. The auditor ensured a geographically diverse sample among interviewees. The following inmates were selected from the housing units: four from 100A, four from 100B (segregation), four from 100C, two from 200A, two from 200B, two from 200C, two from 200D, three from 300A, eight from 300B, four from 300C, two from 300D and one from the infirmary. 40 of the inmates were male and one inmate was transgender female. Fifteen inmates interviewed were black, fifteen were white, four were Hispanic and seven were another race/ethnicity. With regard to age, nine were between eighteen and 25, eleven were 26-35, five were 36-45, eight were 46-55 and eight were 56 or older. 23 of the inmates interviewed had been at the facility a year or less, twelve had been at the facility between one and five years and six had been at the facility six to ten years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>21</p>

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

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>5</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor also confirmed through a review of housing documentation for inmates at high risk of victimization and inmates who reported sexual abuse that zero were involuntarily segregated.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>Race, Gender, Ethnicity.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Staff varied across gender, race, rank, post assignments and shift. Security staff mainly make up two shifts; day shift works from 6:00am-6:00m and night shift works from 6:00pm-6:00am. Additionally, the facility has an administrative shift with security and non-security staff. Seven staff were interviewed from day shift, five were interviewed from night shift and two were interviewed from administrative shift. With regard to the demographics of the random staff interviewed; six were male and nine were female. Three were white and twelve were black. Nine were Correctional Officers, two were Sergeants, two were Lieutenants, one was a Captain and one was a non-security counselor.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>22</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

79. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mail Room
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

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

The on-site portion of the audit was conducted on November 15-17, 2022. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on November 15, 2022. The tour included all areas associated with the facility including; housing units, laundry, warehouse, intake, visitation, chapel, education, food service, health services, recreation and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings. The facility houses Georgia Department of Corrections (GDC) inmates.

The auditor observed the hotline reporting number painted in most of the housing units (with the exception of two living unit in the 100 building). The painted information was in both English and Spanish and was adequate size for vision impaired inmates. A few of the housing units had regular paper size posters either on the wall or in a flex style folder on the wall. The posters were in English and Spanish, however they were not adequate for vision impaired inmates. The regular paper size posters were not consistently found in the units in the flex folders or on the walls or bulletin boards. The posted information included only one method of reporting (the hotline). One housing unit had the outside reporting entity posted on a regular paper size poster in English only. Information was also observed in the intake area and visitation, however it was only information on the hotline. The auditor did not observe PREA information in common areas or other areas around the facility. There were however, a few posters in the administration area directing staff on how to report to the Ethics Line. The auditor observed the PREA Brochure and the

GDC Inmate Handbook was available on the inmate tablet system. Both documents were accessible in English and Spanish. The auditor observed that the hotline number that was painted on the walls was different from the hotline number that was in the GDC Inmate Handbook and in the Jenkins Correctional Facility Inmate Handbook. The painted information advised inmates to report by dialing 1-8-7732 (for English) or 2-8-7723 (for Spanish), while the information in the literature stated they could report by dialing *7732. The auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. This poster was observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the Jenkins Correctional Facility Inmate Handbook. Informal conversation with staff and inmate confirmed that the painted PREA information has been posted for quite some time. Third party reporting information was observed in the visitation area and in the front lobby via the Ethics Line Poster.

During the tour the auditor confirmed the facility follows the staffing plan. There were at least two security staff and three non-security staff assigned to each housing building (three to four housing units per building). Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed one man made blind spot in the warehouse. Boxes were stacked to create a blind spot and the height of the boxes obstructed the view of the reflective mirrors. During the interim report period, the facility provided the auditor

with photos confirming that the boxes were repositions to eliminate the blind spot. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds typically every 30 minutes to an hour and supervisors make rounds at least once a day. Informal conversation with inmates also confirmed that Correctional Officers make rounds "all day" or at least every hour or two. Most inmates stated the staff are making rounds too often. The inmates further stated that they see a supervisor every day or every other day. During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas.

A review of the video monitoring technology confirmed that cameras in the housing units, intake and other common areas did not cause privacy issues when showering, using the restroom or changing clothes. The bathroom area in a few of the housing units was grayed out on the cameras to prevent viewing. The auditor did identify one cross gender viewing issue on the video monitoring system in the medical suicide observation cells. One cell had a camera and was accessible for viewing by the central control staff and administration staff.

With regard to cross gender viewing, the auditor confirmed that two housing buildings provided privacy in the shower and bathroom area through raised half walls and green mattress material privacy barriers. The third housing building provided privacy through shower curtains and a privacy screen at the shower entrance as well as solid doors with security windows. The segregated housing unit showers provided privacy through a

metal door with lattice type material and toilets had privacy through solid doors with security windows. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation, and the segregated housing units. The intake area provided privacy through a curtain while the strip search area in visitation is a separate room with a curtain. Strip searches in the segregated housing units are completed in the showers that are equipped with metal doors and lattice type material. The auditor did observe once cross gender viewing issue with the restroom on the recreation yard. The toilets had a raise half wall on three sides but had an open front. During the interim report period the facility provide the auditor with photos confirming that a green mattress material barrier was added to recreation yard restroom. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into only three of the housing units. The announcement was low and was in English only. The auditor did observe stickers above each housing unit entrance door reminding opposite gender staff to announce prior to entry. Informal conversation with staff and inmates indicated that the opposite gender announcement is made.

Inmate medical records are electronic and paper. Paper records are located in medical records which is staffed 8:00am-4:00pm Monday through Friday. The medical records room is locked at all times, even when staffed. Access is restricted to the medical records room and staff confirmed that Correctional Officers and Unit Management staff do not have access. Electronic medical records are only accessible to medical and mental health care staff. Inmate files are paper, however risk assessment information is not contained in the inmate file. This was

confirmed by the auditor through a review of an inmate file. Inmate records is staffed from 7:30am-3:30pm Monday through Friday and the door is locked at all times. Risk assessment information is electronic is the "Scribe" system. The records clerk advised that she did not have access to Scribe. During the on-site portion of the audit, the auditor had a security staff member pull up the Scribe system to show what information could be viewed. The auditor observed that the security staff member could only view the inmate's risk assessment designation. The answers to the risk assessment were not accessible. Investigative files are electronic and are accessible to supervisors and administrative staff. The PCM also indicated she has printed copies of the investigations in her file in her locked office.

During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in the sally port of each housing building. Each drop box is locked and mailroom staff collect the mail. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. Request forms are available by request through staff. Inmates in segregated housing are provided out of cell time via recreation and showers. Inmates in segregated housing are required to provide outgoing mail and requests to staff to place in the appropriate boxes outside of the housing unit. The interview with the mailroom staff indicated that outgoing mail is picked up by the mailroom staff from the boxes around the facility. The mail is stamped to show that it is coming from a correctional facility. The staff stated the mail is not opened or monitored and that return information is required to be on the envelope, including GDC number. The mail room staff stated that letters to the

victim advocacy organization and the outside reporting entity do not require return information or postage. The mail room staff further stated that incoming mail is opened and scanned and all general correspondence is copied and the copy is given to the inmate. She stated legal mail is verified and delivered to the inmate by staff. Inmates are required to open the mail in front of staff to confirm it does not contain contraband. The mail room staff confirmed that mail from the victim advocacy organization and the outside reporting entity is treated like legal mail.

The auditor observed the intake process through a demonstration. Inmates are provided PREA information at intake via the Inmate Handbook and PREA Pamphlet. The handbook and pamphlet are available in both English and Spanish. The PREA hotline was observed painted in the intake area.

The auditor was provided a demonstration of the initial risk assessment. The risk initial risk assessment is done at intake in a private office setting. The staff have a paper risk screening tool that they utilize to ask each inmate the questions. Once the paper is filled out they later transfer the information into the electronic system and shred the paper form. All inmates are asked the questions and their responses are noted. During the demonstration the risk screening staff indicated that they were not checking the computer/file related to the inmate's responses and as such they were only using the response that the inmate provided. The auditor determined that this may misclassify individuals if they do not disclose prior abusiveness, violent criminal history, prior sexual offenses and other criteria that are able to be checked in the inmate's record.

The auditor called the PREA hotline (GDC) and left a message to test functionality. Inmates are able to choose an English or Spanish line before they report. The auditor tested both

lines to ensure that both languages were functionable. The auditor received confirmation the same day the call was placed (November 15, 2022) that the call was received. A copy of the email that was forwarded from GDC to the facility was provided to the auditor to serve as confirmation. Inmates have access to the phones most of the day, with the exception of count time. The PREA hotline is accessible on all inmate phones and does not require a pin number. Inmates are also able to report in writing to staff via an inmate request. The auditor had an inmate assist with filling out an inmate request. The inmate was required to ask the staff member for a request form. Once filled out, the auditor dropped the request in the drop box in the sally port of the housing unit (on November 15, 2022). The auditor was provided confirmation the following day that the request was received. A copy of the request was provided to the auditor as confirmation. All inmates also have access to tablets, including those in segregation. Tablets provide information in English and Spanish and have accommodations for hearing and vision impaired inmates. During the tour the auditor had an inmate illustrate what was functionable on the inmate tablet system. The auditor observed there was not a reporting mechanism via the tablets, but there was PREA information (including the GDC Inmate Handbook and a PREA Brochure). Both staff and inmates indicated that they could report information via the kiosk. The auditor had an inmate demonstrate the reporting mechanism on the kiosk. While there was a PREA option to send to on the email, when the inmate attempted to test the mechanism but it was not a functional email. The inmate received an error message and was not able to compose an email to the PREA email address.

The auditor also tested the outside reporting mechanism by sending a letter to the Office of Victim Services. A letter was sent on

November 16, 2022 via the U.S. mail. The auditor received paper and an envelope from staff. The auditor dropped the letter (without postage) at the mailroom. On November 22, 2022 the auditor received confirmation that the letter was received by OVS and was forwarded to GDC who forwarded the letter to the facility. The auditor was provided a copy of the letter and the OVS indicated in the email that was forwarded that inmates are able to remain anonymous upon request.

Additionally during the tour, the auditor also asked staff to advise how they submit a written report. Staff stated that all staff complete incident statements which can be written or typed. The forms are available in each housing unit officer's station and on each computer. The staff indicated that Shift Supervisor completes a report and attaches all staff statements to the report. Staff indicated they turn their incident statements to the Shift Supervisor.

The auditor tested the victim advocacy hotline during the tour. The auditor had an inmate assist with calling the hotline number. The inmate was required to enter his pin, however the call was a collect call and was free for the inmate. The auditor reached a live person who advised that there are counselors available to provide services 24 hours a day. The victim advocate stated they are able to accommodate LEP and disabled inmates.

On November 3, 2022 the auditor completed a report through the ethics line website. The auditor immediately received an email from the Director of Ethics and Compliance indicating that the report was received. The auditor was copied on an email to the facility leadership related to the test. The facility leadership responded indicating they received the test report. The Director of PREA Compliance and Investigations also responded and indicated that she would track the case and schedule a call to discuss the

investigation.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Comprehensive PREA education is conducted on the first day the inmate arrives at the facility. Each inmate is provided an inmate handbook and a PREA pamphlet in English or Spanish. The inmates sign that they received the documents. Chairs are then set up in intake and inmates watch the PREA What You Need to Know video. The video is in English with Spanish subtitles. The facility plays the video one time prior to any other activity and then plays the video on a loop while the rest of the intake activities take place. Inmates sign that they viewed the video. Additionally, at the 30 day reassessment, inmates are provided the PREA pamphlet a second time as a refresher. The auditor observed the television in intake and determined it was not large enough for inmates to read the Spanish subtitles. During the interim report period the facility replaced the current tv in intake with a larger tv. The auditor confirmed that the size was adequate for inmates to see and read subtitles.

During inmate interviews the auditor utilized LanguageLine for the LEP inmate interviews. The auditor was provided the call in number as well as the client ID. LanguageLine is accessible through staff only. The auditor also utilized Ubiduo, a laptop computer system that has dual screens and keyboard. The auditor utilized this system during two hearing impaired inmate interviews. The facility also has video translation services, however the staff at the facility were unaware of this resource and did not offer it to the auditor during interviews. During the LEP inmate interviews, two inmates stated that other inmates were utilized to translate the risk screening questions for them. Further communication with the supervisor in classification/unit management indicated that a lot of staff are unaware of accommodations

and resources for LEP and disabled inmates. She confirmed that staff have utilized inmates for translation purposes.

Documentation Sampling

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

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

Yes

No

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

During the audit the auditor requested personnel and training files of staff, detainee files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 152 staff assigned. The auditor reviewed a random sample of 31 personnel and/or training files that included five individuals hired within the past twelve months, four staff with five year backgrounds and three staff recently promoted. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for five contractors, three volunteers and six medical and mental health care staff were reviewed.

Inmate Files. A total of 40 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing and some files fell into more than one category of the review. 24 inmate files were of those that arrived within the previous twelve months, four were LEP inmates, eight were disabled inmates, one was a transgender inmate, seven were identified with prior sexual victimization and four had a history of prior abusiveness.

Medical and Mental Health Records. The auditor reviewed medical and mental health records of eight inmate victims of sexual abuse as well as mental health documents for the seven inmates who disclosed victimization during the risk screening and four inmates identified with prior sexual abusiveness.

Grievances. The agency does not have a grievance process for sexual abuse allegations. The auditor reviewed the grievance log and sample grievances to confirm that there were no sexual abuse allegations.

Hotline Calls. The facility does not have an internal hotline. They utilize the GDC PREA hotline. As such the auditor was unable to obtain the number of calls to the hotline. A review of the investigative log indicated that two allegations were reported via the GDC hotline over the previous twelve months.

Incident Reports. The auditor reviewed the incident reports for the eleven investigations reviewed. The auditor also reviewed the serious incident log and a sample of eleven additional incident reports. All allegations reported, to include verbal, written and third party were documented by staff in a written report.

Investigation Files. During the previous twelve months, there were eighteen allegations reported at the facility. All eighteen had an administrative investigation completed at the time of the on-site portion of the audit. One allegation was referred to GDC and was still an active investigations. The auditor reviewed eleven investigations to ensure all required components were included.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	1	4	0
Staff-on-inmate sexual abuse	4	0	4	0
Total	9	1	8	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	7	0	7	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	9	0	9	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	2	0
Staff-on-inmate sexual abuse	0	4	0	0
Total	0	6	2	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	5	1	0
Staff-on-inmate sexual harassment	0	2	0	0
Total	0	7	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

11

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor was unable to review the one criminal investigation during the previous twelve months as it was an open investigation by the parent agency, GDC.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Human Rights Policy Statement 4. 14-2AA PREA Pamphlet 5. PREA Zero Tolerance Policy Acknowledgement 6. PREA Coordinator Position Description 7. CoreCivic Organizational Chart 8. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ stated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract and the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors, sanction for those found to have participated in prohibited behavior and a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates. The agency has a comprehensive PREA Policy: 14-2 Sexual Abuse Prevention and Response as well other documents to supplement the policy. These include the Human Rights Policy Statement, the PREA Zero Tolerance Policy Acknowledgement and the PREA pamphlet. 14-2 Sexual Abuse Prevention and Response, page 4 states that CoreCivic has mandated zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the strategies on preventing, detecting and responding to such conduct and includes definitions of prohibited behavior. The policy specifically outlines the approach for Jenkins Correctional Facility and includes facility specific language. The policy addresses "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policy addresses "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policy addresses "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy and supporting documentation are consistent with the PREA standards and outline the agency's approach to sexual safety. All CoreCivic staff are required to sign a PREA zero tolerance policy acknowledgment which states the zero tolerance policy, directs staff on their requirements in reporting and methods of reporting, states that all allegations will be aggressively investigated and lists the definitions of sexual abuse and sexual harassment. In addition to policies and procedure, the PREA Coordinator and staff have designated November as PREA month for the agency. During the month of November the PC and staff conducted a webinar related to staff on inmate relationships and the impact on facilities. Staff were also provided links to videos to share with facility staff related to this topic. Additionally, during the month of November the PC and staff sent out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of

the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, seminars and refresher documents illustrate the agency's commitment for PREA compliance.

115.11 (b): The PAQ stated that the agency employs or designates an upper-level, agency wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ stated the PREA Coordinator is the Senior Director and reports to the agency Vice President. The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PC is the Senior Director of PREA Programs and Compliance. The PC reports to the Vice President of Operations Administration. The PC's position description states that the Senior Director develops, implements and oversees company policies and procedures in complying with the standards of the Prison Rape Elimination Act (PREA). Additionally, it states that the Senior Director manages the company's compliance efforts, reporting requirements and audit processes related to PREA. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that at any given time there are approximately 57 PCM including those from Community Corrections. He stated that the PREA Office consists of two individuals, himself and a Director that coordinates PREA investigations. The PC indicated that they have quarterly training sessions with the PCMs via skype and that he travels to facilities for audits and training sessions. He further stated that the PREA staff are in contact with facilities daily on investigations and audit issues. The PC indicated that he assists the facility with corrective action plans as a result of audits and that if they identify an issue with policy, he will look at necessary policy revisions. He stated that he is able to provide technical on-site assistance for training that can correct incorrect practices that may have developed due to a misunderstanding of a PREA standards. He further stated he is able to involve CoreCivic Managing Directors and Vice Presidents and elevate concerns that need addressed. During the month of November the PC and staff conducted a webinar related to staff on inmate relationships and the impact on facilities. Staff were also provided links to videos to share with facility staff related to this topic. Additionally, during the month of November the PC and staff sent out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, seminars and refresher documents provided by the PC and staff illustrate the PC's commitment to sexual safety and the ability to oversee PREA compliance at all levels.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ stated that the PCM's position at the facility is the Assistant Warden and the PREA Compliance Manager reports to the Warden. The PAQ also noted that the most recent PCM was promoted and as such the

interim PCM is the Chief of Unit Management, who reports to the Assistant Warden or Warden. The facility's organizational chart confirms that the Assistant Warden is responsible for PREA compliance and that the position reports to the Warden. Additionally, the organizational chart notes that the Chief of Unit Management position reports to the Assistant Warden. The interview with the PREA Compliance Manager indicated that she normally has enough time to manage all of her PREA related responsibilities, however lately they have been shorted staffed. She stated that she makes it work though by coming in early and staying late. The PCM said he she coordinates PREA compliance through ensuring information is posted, that inmates receive education during intake and that classification completes the appropriate risk assessments. She stated she also talks to the inmates in town halls when she makes rounds to remind them how to report, who she is and who the SART members are at the facility. She further indicated that if she identifies an issue complying with a PREA standard she first notifies the Warden of the issue and then takes steps to make sure that the issue is resolved. She provided an example of if a camera is needed for a specific area, she would put in a work order for installation/ repair and follow up to make sure the task was completed. In addition to the PCM there were several staff that assist the PCM with PREA compliance at the facility. The staff were knowledgeable, were efficient with time and appeared to have adequate authority to coordinate any efforts related to PREA.

Based on a review of the PAQ, CoreCivic Policy 14-2, the agency's organization chart, the facility's organizational chart, the PREA pamphlet, the PC position description, the Human Rights Policy Statement and information from the interviews with the PC and PCM, this standard appears to be compliant. It should be noted that in addition to a comprehensive PREA policy, the agency has designated the month of November as "PREA Month". The PC and staff conducted a webinar related to staff on inmate relationships and the impact on facilities during PREA Month. Staff were also provided links to videos to share with facility staff related to this topic. Additionally, during the month of November the PC and staff sent out messaging, PREA Refreshers from the PRC and virtual training opportunities for everyone in the company. A few of the resources sent out included a safety PREA refresher on the effects of sexual abuse and a training on responding to incarcerated victim of sexual abuse and sexual harassment. The designation of a "PREA Month" and ongoing trainings, seminars and refresher documents provided by the PC and staff illustrate the agency and PC's commitment to sexual safety. Additionally, the PCM and staff that assist the PCM at the facility have sufficient time and authority to coordinate the facility's effort to comply with PREA. They all illustrated a commitment to compliance and ensuring any issues are quickly resolved through training, modifications and/or procedure updates. While the auditor is unable to exceed the entire standard, provision (b) of this standard is exceeded.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <p>1. Pre-Audit Questionnaire</p> <p>Findings (By Provision):</p> <p>115.12 (a): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p>115.12 (b): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p>Based on a review of the PAQ, this standard appears to not be applicable and as such compliant.</p>

<p>115.13</p>	<p>Supervision and monitoring</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>D</p> <p>Documents:</p> <p>1. Pre-Audit Questionnaire</p>

2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. The Staffing Plan
4. Deviations from Staffing Plan (5-1B)
5. Memorandum Related to Deviations
6. Annual PREA Staffing Plan Assessment (14-21)
7. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): 14-2 Sexual Abuse Prevention and Response, page 8 addresses the agency's staffing plan development. Specifically, it states that the facility, in coordination with CoreCivic Facility Support Center (FSC), shall develop an annual staffing plan that provides for adequate levels of staffing to protect inmates/detainees against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ

indicated that the current staffing is based on capacity (1150). The facility employs 152 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of the 2022 staffing plan indicates that each shift has a Shift Supervisor and at least one Correctional Officer on each shift in each of the housing units. Additional Correctional Officers are assigned to other areas to include visitation, transportation, work detail, education, laundry, central control, recreation, medical and kitchen. During the tour the auditor confirmed the facility follows the staffing plan. There were at least two security staff and three non-security staff assigned to each housing building (three to four housing units per building). Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor confirmed during the tour that the physical plant of the housing units provided an adequate line of sight. The auditor observed one man made blind spot in the warehouse. Boxes were stacked to create a blind spot and the height of the boxes obstructed the view of the reflective mirrors. During the interim report period, the facility provided the auditor with photos confirming that the boxes were repositions to eliminate the blind spot. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds typically every 30 minutes to an hour and supervisors make rounds at least once a day. Informal conversation with inmates also confirmed that Correctional Officers make rounds "all day" or at least every hour or two. Most inmates stated the staff make rounds too often. The inmates further stated that they see a supervisor every day or every other day. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The interview with the Warden indicated that the facility has a staffing plan that provides adequate staffing levels to protect inmates from sexual abuse. He stated they typically have two officers in each building and two in central control to monitor movement and other aspects of the facility. He indicated that with cameras, security staff and unit management staff that are inside the buildings and housing units during daytime hours there is sufficient staffing. He confirmed video monitoring is part of the staffing plan, however it does not replace security staff, rather supplements. The Warden stated the staffing plan is documented and is kept in his office, with the master scheduler, in Human Resources and with other administrative staff. The Warden confirmed that the staff plan considers all elements of this provision. He stated the staffing plan follows American Correctional Association guidelines and the layout of the facility determines what staff are required in each area. He further stated that staffing is based on security level of the inmates, with higher levels of security (such as segregation) with more staffing. He confirmed there are more staff during day shift and each shift has at least one Sergeant, Lieutenant and Captain. The Warden indicated they check for compliance with the staffing plan through weekly live rosters, where they walk around to make sure the number of people assigned is on any given shift. He also stated that each shift has a daily roster that they check to ensure all posts were filled. The PCM confirmed that all required components under this provision are considered when

developing and reviewing the staffing plan. She stated that they make sure there is enough staff to cover the population in all areas, including housing, food service and other work/common areas. She stated there are more staff in higher security level areas (such as segregation) and there are more staff on shift with more inmate movement.

115.13 (b): The PAQ stated that this provision does not apply as the facility had not deviated from the staffing plan. The memo related to deviations also stated that the facility has not experienced any incidents regarding deviations to the staffing plan. The facility employs a full-time staff member who is responsible for monitoring shift rosters that are utilized to ensure that staffing requirements are met. Anytime a shortage exists, necessary staff are held over until a relief can be identified and posted. 14-2 Sexual Abuse Prevention and Response, page 9 states that the PCM shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. The interview with the Warden confirmed that deviations from the staffing plan are documented via a 5-1B Notice to Administration for any unfilled posts.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 14-2 Sexual Abuse Prevention and Response, page 8 states that the facility PCM will complete the 14-21 Annual PREA Staffing Plan Assessment and forward it to the Warden/Facility Administrator for review. Upon completion of the Warden/Facility Administrator's review, the 14-21 Annual Staffing Plan Assessment will be forwarded to the FSC PREA Coordinator. Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technology; and the resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on March 25, 2022 by the PCM, Warden and PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The most recent staffing plan documented a change to the staffing plan through replacing a utility post with a medical post. Previous annual reviews were completed on October 25, 2021 and November 30, 2020. The PC confirmed he is consulted regarding any assessments of, or adjustment to the staffing plan. He confirmed he is consulted annually or when there has been a significant change that would require re-evaluation of the plan.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or

higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further stated that these rounds are documented and cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 14-2 Sexual Abuse Prevention and Response, page 8 indicates that intermediate level and/or upper level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrences of such rounds shall be documented as unannounced rounds or "PREA Rounds" in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where inmates/detainees are permitted. Additionally, it states that employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of the PAQ supplemental documentation showed notebook pages of unannounced rounds being made on both shifts on five different days. An additional review of unannounced rounds for six requested dates confirmed that unannounced rounds were made on both shifts either on the day requested or within the same week of the day requested. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds typically every 30 minutes to an hour and supervisor make rounds at least once a day. Informal conversation with inmates also confirmed that Correctional Officer make rounds "all day" or at least every hour or two. Most inmates stated the staff are making rounds too often. The inmates further stated that they see supervisor every day or every other day. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds and that they document the rounds in the log book. The staff indicated that they ensure other staff don't notify one another when they are making rounds by not telling them when they are coming and not going in a specific pattern. One staff member stated that he may start in medical one day and then two building the next day. The other staff member stated that he conducts his rounds at different times and different locations and there is not set pattern or routine for the rounds.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the staffing plan, Deviations from Staffing Plan (5-1B), Annual PREA Staffing Plan Assessment (14-21), the memo related to deviations, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice)
3. Population Age Reports

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at Jenkins CF. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states youthful inmates shall not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. A review of the population age report also confirms no inmates under eighteen have been housed at the facility. As such, this provision is not applicable.

115.14 (b): The PAQ indicated that no youthful inmates are housed at Jenkins CF. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states in areas outside of housing units, agencies shall either maintain sight and sound separation between youthful inmates and adult inmates, or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. A review of the population age report also confirms no inmates under eighteen have been housed at the facility. As such, this provision is not applicable.

115.14 (c): The PAQ indicated that no youthful inmates are housed at Jenkins CF. 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) states the facility shall make its best effort to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, facilities shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. A review of the population age report also confirms no inmates under eighteen have been housed at the facility. As such, this provision is not applicable.

	Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response (Policy Change Notice) population age reports and observations made during the tour, this standard appears to be not applicable and as such compliant.
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities 4. CoreCivic Policy 9-5 Searches of Inmates 5. Search Procedures Facilitators Guide 6. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates 3. Interview with Transgender/Intersex Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of Privacy in Bathrooms and Showers 2. Observation of Cross Gender Announcement <p>Findings (By Provision):</p> <p>115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates. The PAQ stated there have been</p>

zero searches of this kind in the previous twelve months. 14-2 Sexual Abuse Prevention and Response, page 3 and the Policy Change Notice state that cross-gender inmate/detainee strip searches (male staff on female inmate/detainee, or, female staff on male inmate/detainee) and cross gender visual body cavity inspections (i.e. viewing of the anal and/or genital opening) shall not be conducted except in exigent circumstances. A cross gender visual inspection of a body cavity under exigent circumstance shall be conducted only pursuant to an approved cross gender strip search. Policy further states that CoreCivic staff shall not conduct body cavity searches. Body Cavity searches may only be conducted by non-CoreCivic medical professionals. Staff of the opposite gender, other than a designated qualified medical professional, shall not observe a body cavity search. 9-5 Searches of Inmates specifically states that the strip search shall be conducted by employees of the same sex as the inmate/resident being searched except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration (NTA). Security staff shall be trained on how to conduct cross-gender strip searches. Additionally, page 2 states that visual inspections of body cavities may be conducted when reasonable suspicion exists that an inmate/resident may have secreted contraband in the rectum and/or vagina, upon approval of the Shift Supervisor. The Shift Supervisor will designate two correctional staff of the same gender as the inmate/resident to perform the visual inspection.

115.15 (b): 14-2 Sexual Abuse Prevention and Response, page 15 states that pat searches of female inmates/detainees by male staff are prohibited except in exigent circumstances. The facility shall not restrict female inmate/detainee access to regularly available programming or out of cell opportunities in order to comply with this provision. 9-5 Searches of Inmates, page 2 states that conducting frisk/pat searches of female inmates/residents by male staff is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility as authorized by the Shift Supervisor or above. Any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process Form 5-1B Notice to Administration. Security staff shall be trained in how to conduct cross gender frisk/pat down searches. The PAQ indicated that zero female inmates are housed at the facility and therefore this provision of the standard does not apply. The facility does not house cisgender females, but it does house transgender female inmates. The interview with the transgender inmate indicated that she had never been restricted from access to regularly available programming or out of cell opportunities.

115.15 (c): The PAQ did not indicate whether the facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Further communication with the PCM indicated that they only conduct cross gender strip searches in exigent circumstances and these circumstances would

be documented. Additionally, the PAQ indicated that the facility does not house female inmates and as such any documentation of cross gender pat down searches of female inmates would not apply. 14-2 Sexual Abuse Prevention and Response, page 3 and the Policy Change Notice state that whenever a cross-gender pat search of a female inmate/detainee, cross gender body cavity inspection of any inmate/detainee, cross-gender strip search of any inmate/detainee, or body cavity search of any inmate/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B Notice to Administration (NTA) in accordance with CoreCivic Policy 5-1 Incident Reporting. Details of the exigent circumstances must be included in all log entries and 5-1B Notices. Additionally, 9-5 Searches of Inmates, page 2 and 3 state that any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process using Form 5-1B Notice to Administration and any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration.

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 14-2 Sexual Abuse Prevention and Response, page 16 states that inmates/detainees may shower, perform bodily function, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell/living quarter checks. Additionally, it states that staff of the opposite gender are required to announce their presence when entering an inmate/detainee housing unit. Where a large housing unit is broken into several individual smaller units such as pods, cell-blocks, dorms, etc. the staff member must announce as he/she enters each of the smaller units. The PAQ supplemental documentation included photos of the toilet and shower areas. Showers were equipped with curtains and toilets had half wall barriers and mattress material barriers. During the tour the auditor confirmed that two housing buildings provided privacy in the shower and bathroom area through raised half walls and green mattress material privacy barriers. The third housing building provided privacy through shower curtains and a privacy screen at the shower entrance as well as solid doors with security windows. The segregated housing unit showers provided privacy through a metal door with lattice type material and toilets had privacy through solid doors with security windows. Informal conversation with staff and inmates confirmed that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation, and the segregated housing units. The intake area provided privacy through a curtain while the strip search area in visitation is a separate room with a curtain. Strip searches in the segregated housing units are completed in the showers that are equipped with metal doors and lattice type material. The auditor did observe once cross gender viewing issue with the restroom on the recreation yard. The toilets had a raise half wall on

three sides but had an open front. During the interim report period the facility provide the auditor with photos confirming that a green mattress material barrier was added to recreation yard restroom. A review of the video monitoring technology confirmed that cameras in the housing units, intake and other common areas did not cause privacy issues when showering, using the restroom or changing clothes. The bathroom area in a few of the housing units was grayed out on the cameras to prevent viewing. The auditor did identify one cross gender viewing issue on the video monitoring system in the medical suicide observation cells. One cell had a camera and was accessible for viewing by the central control staff and administration staff. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into only three of the housing units. The announcement was low and was in English only. The auditor did observe stickers above each housing unit entrance door reminding opposite gender staff to announce prior to entry. Informal conversation with staff and inmates indicated that the opposite gender announcement is made. Interviews with 41 inmates indicated that 39 had never been naked in front of a female staff member and as such have privacy when showering, using the restroom and changing their clothes. All fifteen of the staff interviewed confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, fourteen of the fifteen staff indicated that staff of the opposite gender announce prior to entering an inmate housing/living area. 36 of the 41 inmates interviewed confirmed that staff of the opposite gender announce prior to entering inmate living areas.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 14-2 Sexual Abuse Prevention and Response, pages 16-17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities state that the facility shall not search or physically examine a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status. If the inmate/detainee's genital status is unknown, it may be determined during conversation 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. Interviews with fifteen staff indicated that nine were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. The interview with the transgender inmate indicated that she had never been searched for the sole purpose of determining her genital status.

115.15 (f): 9-5 Searches of Inmates, page 1, states that security staff shall be trained in how to conduct searches of transgender and intersex inmates while page 2 states that security staff shall be trained in how to conduct cross gender frisk/pat down searches. 14-2 Sexual Abuse Prevention and Response, page 17 and 19-9

Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 4, states that all searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. 14-2 Sexual Abuse Prevention and Response, page 3 and the Policy Change Notice state that there are three options for pat searches and strip searches of transgender or intersex inmates/detainees: pat searches conducted only by female staff; asking inmates/detainees identified as transgender or intersex to identify the gender of staff with whom they would feel most comfortable conducting the pat search and/or strip search or pat searches and strip searches conducted in accordance with the inmate/detainee's gender identity. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. A review of the Search Procedures Facilitator Guide indicates that staff are trained to conducting frisk searches on both male and female inmates through the instruction on hair, clothing, and body. Staff are instructed to utilize the blade of the hand for breast and crotch no matter the gender of the inmate. During the search training staff watch a video that demonstrates proper search techniques. Staff also practice with a same sex partner after instruction. A review of sixteen staff training records indicated all sixteen had received the training. Thirteen of the fifteen staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender inmates.

Based on a review of the PAQ, 14-1 Sexual Abuse Prevention and Response, 9-5 Searches of Inmates, 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, Search Procedures Facilitator Guide, staff training records, observations made during the tour and information from interviews with random staff, random inmates and transgender and intersex inmates this standard appears to require corrective action. The auditor identified one cross gender viewing issue on the video monitoring system in the medical suicide observation cells. One cell had a camera and was accessible for viewing by the central control staff and administration staff. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into only three of the housing units. The announcement was low and was in English only.

Corrective Action

The facility will need to make modifications to the camera in the medical suicide observation cell. Photos of the modifications will need to be provided to confirm the cross gender viewing issue was alleviated. Additionally, the facility will need to develop a procedure for the opposite gender announcement for LEP and disabled inmates. Both staff and inmates should be trained on this procedure. Refresher training should also be provided to staff on when the opposite gender announcement is required. Further, documentation will need to be provided confirming all staff were

provided refresher training on the requirement.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Medical Suicide Observation Cell Modifications
2. LEP and Disabled Inmate Opposite Gender Announcement Process
3. Staff Training Records

On March 9, 2023 the facility provided the auditor with a photo of the camera view in the medical observation cell. The facility obstructed an area near the toilet to prevent cross gender viewing.

On March 9, 2023, the facility provided documentation that indicated that the opposite gender announcement for LEP and disabled inmates will be completed by assigning a trained inmate to notify the disabled inmate. Additionally, LEP inmates are to be escorted to mental health where staff will utilize translation services to educate them on the opposite gender announcement process. Staff were trained on this process on numerous dates from January to March. The facility indicated that at the time of the training there were zero disabled and zero LEP inmates to provide the education.

On March 9, 2023 the facility also provided documentation confirming that staff were provided training from January through March on the process for the opposite gender announcement.

Based on the documentation provided the facility has corrected this standard and as such is compliant.

115.16	Inmates with disabilities and inmates who are limited English proficient
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Local Agencies that Provide Services for Disabled Inmates
4. TDD Phone Photos
5. Staff Translator Memorandum
6. LanguageLine Solutions Contract
7. 14-2AA PREA Pamphlet
8. Inmate Handbook
9. PREA Posters

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take appropriate steps to ensure that inmate/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and response to sexual abuse and sexual harassment. Specifically it indicates that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY 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 will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. The policy further elaborates and states that each inmate is screened at intake and any disabilities are noted. The Americans with Disabilities Act (ADA) Coordinator and Admission and Orientation (A&O) Case Manager ensures the inmates understands his rights under PREA. The facility provided the auditor with a list of five agencies that provide services for deaf and blind individuals. Additionally, a photo of the TDD phone was provided and indicated that the phone is available in all housing units. The facility also provided a memo indicating that a facility staff member is available to provide basic sign language and she was trained by the GDOC. It also stated that the intake/orientation PREA videos are available with subtitles for deaf individuals. Further, the agency has a contract with LanguageLine Solutions. The company offers LanguageLine Insight Video Interpreting for deaf individuals. A review of the inmate handbook, 14-2AA PREA pamphlet and PREA posters confirmed that they are available in larger font, bright colors and simple terms. The interview with the Agency Head Designee indicated the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates with disabilities. He stated that the agency maintains a comprehensive contract with LanguageLine and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those inmates who are blind. The auditor observed the hotline reporting number painted in most of the housing units (with the exception of two living unit in the 100 building). The painted information was in both English and Spanish and was adequate size for vision impaired inmates. A few of the housing units had regular paper size posters either on the wall or in a flex style folder on the wall. The posters were in English and Spanish, however they were not adequate for vision impaired inmates. The regular paper size posters were not consistently found in the units in the flex folders or on the walls or bulletin boards. The posted information included only one method of reporting (the hotline). One housing unit had the outside reporting entity posted on a regular paper size poster in English only. Information was also observed in the intake area and visitation,

however it was only information on the hotline. The auditor did not observe PREA information in common areas or other areas around the facility. There were however, a few posters in the administration area directing staff on how to report to the Ethics Line. The auditor observed the PREA Brochure and the GDC Inmate Handbook was available on the inmate tablet system. Both documents were accessible in English and Spanish. The auditor observed that the hotline number that was painted on the walls was different from the hotline number that was in the GDC Inmate Handbook and in the Jenkins Correctional Facility Inmate Handbook. The painted information advised inmates to report by dialing 1-8-7732 (for English) or 2-8-7723 (for Spanish), while the information in the literature stated they could report by dialing *7732. The auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. This poster was observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the Jenkins Correctional Facility Inmate Handbook. Informal conversation with staff and inmate confirmed that the painted PREA information has been posted for quite some time. Interviews with eight disabled inmates indicated seven received information in a format that they could understand. A few of the inmates stated they never saw a video, they were just provided documents and the documents were in a format that they could understand. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into only three of the housing units. The announcement was low and was in English only. Interviews with four LEP inmates indicated two were provided information in a format that they could understand. One of the two stated he never watched a video, but rather was only provided documents, which were in a format that he could understand. One LEP inmate stated he never received any information on PREA and that he only knew what other inmates told him. During inmate interviews the auditor utilized LanguageLine for the LEP inmate interviews. The auditor was provided the call in number as well as the client ID. LanguageLine is accessible through staff only. The auditor also utilized Ubiduo, a laptop computer system that has dual screens and keyboard. The auditor utilized this system during two hearing impaired inmate interviews. The facility also has video translation services, however the staff at the facility were unaware of this resource and did not offer it to the auditor during interviews. During the LEP inmate interviews, two inmates stated that other inmates were utilized to translate the risk screening questions for them. Further communication with the supervisor in classification/unit management indicated that a lot of staff are unaware of accommodations and resources for LEP and disabled inmates. She confirmed that staff have utilized inmates for translation purposes.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency 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. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect and respond to sexual

abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. The policy further states that the A&O Case Manager has each inmate read a documented printed in English. If the inmate has trouble reading it, he is provided an interpreter. The facility provided a memo indicating that a staff member was available to provide Spanish translation for inmates. Additionally, the agency has a contract with LanguageLine Solutions to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The contract was most recently signed on March 19, 2019. A review of the inmate handbook, 14-2AA PREA pamphlet and PREA posters confirmed that PREA information is available in English and Spanish. Interviews with eight disabled inmates indicated seven received information in a format that they could understand. A few of the inmates stated they never saw a video, they were just provided documents and the documents were in a format that they could understand. Interviews with four LEP inmates indicated two were provided information in a format that they could understand. One of the two stated he never watched a video, but rather was only provided documents, which were in a format that he could understand. One LEP inmate stated he never received any information on PREA and that he only knew what other inmates told him. The auditor observed the hotline reporting number painted in most of the housing units (with the exception of two living unit in the 100 building). The painted information was in both English and Spanish and was adequate size for vision impaired inmates. A few of the housing units had regular paper size posters either on the wall or in a flex style folder on the wall. The posters were in English and Spanish, however they were not adequate for vision impaired inmates. The regular paper size posters were not consistently found in the units in the flex folders or on the walls or bulletin boards. The posted information included only one method of reporting (the hotline). One housing unit had the outside reporting entity posted on a regular paper size poster in English only. Information was also observed in the intake area and visitation, however it was only information on the hotline. The auditor did not observe PREA information in common areas or other areas around the facility. There were however, a few posters in the administration area directing staff on how to report to the Ethics Line. The auditor observed the PREA Brochure and the GDC Inmate Handbook was available on the inmate tablet system. Both documents were accessible in English and Spanish. The auditor observed that the hotline number that was painted on the walls was different from the hotline number that was in the GDC Inmate Handbook and in the Jenkins Correctional Facility Inmate Handbook. The painted information advised inmates to report by dialing 1-8-7732 (for English) or 2-8-7723 (for Spanish), while the information in the literature stated they could report by dialing *7732. The auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. This poster was observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the Jenkins Correctional Facility Inmate Handbook. Informal conversation with staff and inmate confirmed that the painted

PREA information has been posted for quite some time. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into only three of the housing units. The announcement was low and was in English only and as such the auditor determined that it was not adequate for disabled and LEP inmates. During inmate interviews the auditor utilized LanguageLine for the LEP inmate interviews. The auditor was provided the call in number as well as the client ID. LanguageLine is accessible through staff only. The auditor also utilized Ubiduo, a laptop computer system that has dual screens and keyboard. The auditor utilized this system during two hearing impaired inmate interviews. The facility also has video translation services, however the staff at the facility were unaware of this resource and did not offer it to the auditor during interviews. During the LEP inmate interviews, two inmates stated that other inmates were utilized to translate the risk screening questions for them. Further communication with the supervisor in classification/unit management indicated that a lot of staff are unaware of accommodations and resources for LEP and disabled inmates. She confirmed that staff have utilized inmates for translation purposes.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility will not rely on inmates/detainees 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 allegation. The PAQ indicated the facility documents the limited circumstances in individual cases where inmate interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with fifteen staff indicated that seven were aware of a policy that prohibits the use of inmate interpreters, translator, readers or other types of inmate assistants for sexual abuse allegations. Interviews with eight disabled inmates and four LEP inmates indicated that none had an inmate translator, interpreter or assistant utilized. One inmate did state that he was not provided any information on PREA and he only knew information from what other inmates told him. During the LEP inmate interviews, two inmates stated that other inmates were utilized to translate the risk screening questions for them. Further communication with the supervisor in classification/unit management indicated that a lot of staff are unaware of accommodations and resources for LEP and disabled inmates. She confirmed that staff have utilized inmates for translation purposes.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Local Agencies that Provide Services for Disabled Inmates, the TDD Phone Photos, the Staff Translator Memorandum, the LanguageLine Solutions Contract, the 14-2AA PREA Pamphlet, the Inmate Handbook, the PREA Posters, observations made

during the tour as well as interviews with the Agency Head Designee, random staff, disabled inmates and LEP inmates indicates that this standard appears to be compliant. A few of the housing units had regular paper size posters either on the wall or in a flex style folder on the wall. The posters were in English and Spanish, however they were not adequate for vision impaired inmates. The regular paper size posters were not consistently found in the units in the flex folders or on the walls or bulletin boards. The posted information included only one method of reporting (the hotline). One housing unit had the outside reporting entity posted on a regular paper size poster in English only. The auditor observed that the hotline number that was painted on the walls was different from the hotline number that was in the GDC Inmate Handbook and in the Jenkins Correctional Facility Inmate Handbook. The painted information advised inmates to report by dialing 1-8-7732 (for English) or 2-8-7723 (for Spanish), while the information in the literature stated they could report by dialing *7732. The auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. This poster was observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the Jenkins Correctional Facility Inmate Handbook. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into only three of the housing units. The announcement was low and was in English only. The facility also has video translation services, however the staff at the facility were unaware of this resource and did not offer it to the auditor during interviews. During the LEP inmate interviews, two inmates stated that other inmates were utilized to translate the risk screening questions for them. Further communication with the supervisor in classification/unit management indicated that a lot of staff are unaware of accommodations and resources for LEP and disabled inmates. She confirmed that staff have utilized inmates for translation purposes.

Corrective Action

The facility will need to post appropriate PREA information (reporting mechanisms, victim advocacy information, etc.) in large font and in Spanish. Photos of the information will need to be provided to the auditor. Additionally, the facility will need to train all staff on the resources available to accommodate LEP and disabled inmates. All staff should also be trained on the prohibiting of utilizing other inmates to interpret, translate or provide assistance for PREA. Documentation will need to be provided related to the training to confirm what was discussed and that all staff understood the training. The facility will also need to establish a method for LEP and disabled inmates to benefit from the opposite gender announcement. A process memo as well as training records for staff and inmates on the procedure will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Posted PREA Information
2. LEP and Disabled Inmate Opposite Gender Announcement Process
3. Staff Training Records

On March 9, 2023 the facility provided documentation confirming that staff were provided training on numerous dates from January to March on the prohibition of utilizing inmates to interpret, translate or provide assistance. Additionally, the training discussed the availability of LanguageLine for interpretation services, including sign language for hearing impaired inmates.

On March 9, 2023, the facility provided documentation that indicated that the opposite gender announcement for LEP and disabled inmates will be completed by assigning a trained inmate to notify the disabled inmate. Additionally, LEP inmates are to be escorted to mental health where staff will utilize translation services to educate them on the opposite gender announcement process. Staff were trained on this process on numerous dates from January to March. The facility indicated that at the time of the training there were zero disabled and zero LEP inmates to provide the education.

On May 3, 2023 the facility provided photos of postered PREA information around the facility. The posters were in English and Spanish and at least one poster had larger font.

Based on the documentation provided the facility has corrected this standard and as such is compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H)
4. Personnel Files of Staff
5. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 14-2 Sexual Abuse Prevention and Response, page 4 states that to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates and who has: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever 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 when

the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated to have engaged in the activity described above?”, and “Has a substantiated allegation of sexual harassment ever been made against you?”. A review of personnel files for five staff who were hired in the previous twelve months indicated that all had completed the Self-Declaration of Sexual Abuse/ Sexual Harassment form and had a criminal background records check completed prior to being granted entry into the facility. A review of four contractor files confirmed that all four had a criminal background records check completed prior to enlisting their services.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 5 states that any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the question “Has a substantiated allegation of sexual harassment ever been made against you?”. Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. The policy further indicates that Consistent with federal, state, and local law, the facility shall make its best effort 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 as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information. (115.17 (c) (2)). The PAQ indicated that all the individuals who were hired in the previous twelve months (83) had a criminal background records check completed. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed and one had relevant prior institutional employers

contacted. Human Resource staff confirm that a criminal background records check is completed for all new employees who may have contact with inmate and that all prior institutional employers are contacted related to substantiated incidents of sexual abuse or sexual harassment and/or resignations during an investigation of sexual abuse or sexual harassment. She stated the agency has a "PREA Form" and they check with previous institutions on any incidents. She stated sometimes they get information back from other agencies and sometimes they don't.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. The PAQ indicated that all contracts for services (sixteen) have had a criminal background checks conducted on all staff covered under the contract. A review of four contractor personnel files indicated that a criminal background records check had been conducted on all four prior to enlisting their services. Human Resource staff confirm that contractors have a criminal background records check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. The agency utilizes the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC) to conduct criminal background checks. The interview with the Human Resource staff member indicated that the agency currently utilizes a third party, First Advantage, to conduct criminal background record checks. She stated that First Advantage queries the national criminal history as well as the state criminal history. She indicated they also do other stuff too like employment verification, education verification and motor vehicle history. The Human Resource staff member confirmed that they conduct background checks at least every five years. She stated they typically conduct them every four years to ensure they don't miss any deadlines. A review of four staff who were hired over five years prior and two contractors hired over five years prior revealed that all had a criminal background

records check completed at least every five years.

115.17 (f): 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a substantiated allegation of sexual harassment ever been made against you?". A review of five staff hired in the previous twelve months confirmed that all five had completed the 14-2H form. Additionally, a review of three staff that were promoted over the previous twelve months confirmed that they also completed the 14-2H form prior to promotion. The interview with Human Resource staff confirmed that all applicants, employees and contractors who have contact with inmates are asked the questions under this provision via a form that is filled out by the applicant or employee.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 14-2 Sexual Abuse Prevention and Response, page 5 states that to the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information.

115.17 (h): 14-2 Sexual Abuse Prevention and Response, page 5 states that 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. Human Resource staff confirmed that this information would be provided when requested. She stated that she has only had one agency request this in the three years she has been at the facility.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) form, a review of personnel

	files for staff and contractors and information obtained from the Human Resource staff interview indicates the facility appears to have corrected this standard and as such is compliant.
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Memorandum Related to Modifications 4. Form 7-1B PREA Physical Plant Considerations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Absence of Modification to the Physical Plant 2. Observations of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. The memo further stated that the facility has not had any PREA physical plant upgrades in the last three years. 14-2 Sexual Abuse Prevention and Response, page 9 states that when designing or acquiring any new facility and in planning substantial expansion or modification to existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect inmates/detainees from sexual abuse. Considerations from</p>

modifications and renovations shall be documented on form 7-1B PREA Physical Plan Considerations. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicated that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. He said new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms and any other areas where inmates may be in a state of undress. He indicated that blind spots are identified that can be corrected through video surveillance coverage. During acquisition, the staff making the site visit develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plan issues. At existing facilities, a form 7-1B is used to ensure PREA is considered when initiating a renovation/new construction. The interview with the Warden confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 9 states that 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 7-1B PREA Physical Plant Considerations. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The interview with the Agency Head Designee indicated that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. He said that camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restroom and showers areas and that technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the PREA Coordinator. The interview with the Warden confirmed that when the facility installs or updates video monitoring technology they consider how that technology can be utilized to protect inmates from sexual abuse. He stated that this is exactly why the facility has requested video monitoring for the education area, to assist with blind spots and monitoring and to enhance protection from sexual abuse.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, form 7-1B PREA Physical Plant Considerations, observations during the tour and information from interviews with the Agency Head Designee and Warden indicate that this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 429 378">Documents:</p> <ol data-bbox="256 412 1422 920" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 13-79 Sexual Assault Response 4. Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 5. Memorandum of Understanding with Jenkins County Sheriff’s Department 6. Memorandum of Understanding with SART, LLC 7. Memorandum of Understanding with Teal House Sexual Assault Center <p data-bbox="256 1028 416 1061">Interviews:</p> <ol data-bbox="256 1106 1054 1352" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with SAFE/SANE 3. Interview with the PREA Compliance Manager 4. Interview with Inmates who Reported Sexual Abuse <p data-bbox="256 1460 588 1494">Findings (By Provision):</p> <p data-bbox="256 1601 1482 2058">115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while the Georgia Department of Corrections Criminal Investigations Division and/or the Jenkins County Sheriff’s Department are responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Georgia</p>

Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, pages 15-16 state that an administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to OPS. Additionally, if an external agency is responsible for investigating the allegation of sexual abuse, the Department shall request that the investigating agency follow the requirements of this section. In the event the investigation is referred to an outside entity that entity shall have in place a policy governing the conduct of such investigations. The facility typically does not conduct investigations that would utilize an evidence protocol. The GDC utilizes policy 208.06 which outlines evidence collection. The agency would utilize direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to GDC for investigation. Interviews with random staff indicate that all fifteen knew and understood the agency's protocol on obtaining usable physical evidence. Additionally, twelve of the fifteen staff stated they knew who was responsible for conducting sexual abuse investigations. Most staff stated that the facility SART team and/or GDC would conduct investigations.

115.21 (b): The PAQ indicated that the protocol is developmentally appropriate for youth and the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 14-2 Sexual Abuse Prevention and Response, page 28 states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate shall be adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. The Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, pages 15-16 state that an administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to OPS. Additionally, if an external agency is responsible for investigating the allegation of sexual abuse, the Department shall request that the investigating agency follow the requirements of this section. In the event the investigation is referred to an outside entity that entity shall have in place a policy governing the conduct of such investigations. The facility typically does not conduct investigations that would utilize an evidence protocol. The GDC utilizes policy 208.06 which outlines evidence collection. The agency would utilize direction from 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response as a uniform evidence protocol. SAFE/SANE would collect evidence via the forensic medical examination and this would be turned over to GDC for investigation.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination on-site. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations and the facility documents efforts to provide SAFE or SANE. 14-2 Sexual Abuse Prevention and Response, page 23 states that the facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PCM, facility investigator or ADO shall consult with law enforcement prior to transporting an inmate/detainee for an examination to be performed by SAFE or SANE. If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/SANE provider is not available, the examination may be performed by other qualified medical practitioners. The policy stated that SAFE/SANE exams are provided or coordinated by SART, LLC in Waycross, Georgia. Additionally, page 28 states that the investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by SAFE or SANE when possible. 13-9 Sexual Assault Response, page 2 states that upon receiving notice of an alleged rape that occurred within the previous 72 hours, QHCP (qualified health care professional) will examine the patient inmate/resident utilizing the 13-79A Rape/ Sexual Assault Protocol and will arrange for the patient inmate/detainee to be transported to the local designated Emergency Room for examination, evidence collection and prophylaxis treatment for sexually transmitted disease. A review of the MOU with SART, LLC (signed June 16, 2022) confirms the facility agrees to offer all victims of sexual abuse access to a forensic medical exam where medically appropriate for the collection of evidence and provide necessary space and security for the SAFE/SANE examiner to conduct the exam. The MOU further states that SART, LLC agrees to provide forensic examinations to inmate victims of sexual abuse. Such examinations are performed by either a SAFE or SANE. The MOU indicates that the SAFE/SANE examinations are provided on-site at the facility, as appropriate. Additionally, the MOU states that SART, LLC agrees to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution and that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. The MOU also states that SART, LLC will provide forensic examinations without financial cost to the alleged inmate victim. The PAQ indicated that there was one forensic exam conducted in the previous twelve months. The PAQ indicated that the exam was performed by a SANE/SAFE. The auditor requested documentation related to the forensic medical examination, however at the time of the interim report the documentation as not

received. The interview with SART, LLC confirmed that they provide forensic medical examination on-site by SANE certified staff. The staff member indicated they have an MOU with CoreCivic to provide services and that there are two staff that conduct the examinations. She stated that while they do perform the forensic medical examination they also offer emotional support during the process.

115.21 (d): The PAQ indicated the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and that the efforts are documented. The PAQ also indicated that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. 14-2 Sexual Abuse Prevention and Response, page 23, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by SART, LLC in Waycross, Georgia. Further communication with the PC and PCM indicated that SART, LLC provides SANE, not advocacy and the policy needs updated. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, 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 MOU with Teal House Sexual Assault Center indicates that Teal House Sexual Assault Center agrees provide a sexual abuse/assault crisis line number and mailing address that may be posted throughout the facility and in written resources given to residents. Additionally, they agree to provide residents calling the hotline with information to the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU also states that Teal House Sexual Assault Center will take appropriate steps to ensure that residents with disabilities or who are LEP have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The MOU also indicates that CoreCivic agrees to post the sexual abuse/assault crisis hotline number and mailing address throughout the facility and in written resources provided to inmates/detainees and that services will be at no cost to residents of the facility. The PCM confirmed that the facility attempts to make a victim advocate available from a rape crisis center to accompany the inmate victim during the forensic medical examination and investigatory interviews. She stated that they have a 1-800 number for the rape crisis center and that if an inmate wants to contact the victim advocate they can. She stated that the facility also has an in-house advocate that they can utilize until an outside advocate can be provided. The PCM further stated that they are currently working with Teal House on

updating their MOU to cover services under this provision. The PCM confirmed that Teal House is the local certified rape crisis center. Interviews with inmates who reported sexual abuse indicated that none were afforded the opportunity to contact anyone after they reported an allegation. It should be noted that one of the five inmates interviewed reported sexual harassment and none of the inmates interviewed reported an allegation involving a forensic medical examination. The auditor requested documentation related to the afforded access to a victim advocate for eight sexual abuse allegations, however at the time of the interim report the documentation was not provided

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 14-2 Sexual Abuse Prevention and Response, page 23, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by SART, LLC in Waycross, Georgia. Further communication with the PC and PCM indicated that SART, LLC provides SANE, not advocacy and the policy needs updated. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, 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 MOU with Teal House Sexual Assault Center indicates that Teal House Sexual Assault Center agrees provide a sexual abuse/assault crisis line number and mailing address that may be posted throughout the facility and in written resources given to residents. Additionally, they agree to provide residents calling the hotline with information to the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU also states that Teal House Sexual Assault Center will take appropriate steps to ensure that residents with disabilities or who are LEP have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The MOU also indicates that CoreCivic agrees to post the sexual abuse/assault crisis hotline number and mailing address throughout the facility and in written resources provided to inmates/detainees and that services will be at no cost to residents of the facility. The MOU with SART, LLC states that SART, LLC agrees to allow a victim advocate, as requested by the victim and provided by a rape crisis center and/or the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and to

provide confidential emotional support. The PCM confirmed that the facility attempts to make a victim advocate available from a rape crisis center to accompany the inmate victim during the forensic medical examination and investigatory interviews. She stated that they have a 1-800 number for the rape crisis center and that if an inmate wants to contact the victim advocate they can. She stated that the facility also has an in-house advocate that they can utilize until an outside advocate can be provided. The PCM further stated that they are currently working with Teal House on updating their MOU to cover services under this provision. The PCM confirmed that Teal House is the local certified rape crisis center. Interviews with inmates who reported sexual abuse indicated that none were afforded the opportunity to contact anyone after they reported an allegation. It should be noted that one of the five inmates interviewed reported sexual harassment and none of the inmates interviewed reported an allegation involving a forensic medical examination. The auditor requested documentation related to the one forensic medical examination and the eight sexual abuse allegations related to victim advocacy, however at the issuance of the interim report the documentation was not yet received.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements under this standard. The facility and/or the Georgia Department of Corrections Office of Professional Standards conduct administrative investigations while the Georgia Criminal Investigations Division and/or the Jenkins County Sheriff's Department conduct criminal investigations. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, pages 15-16 state that an administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to OPS. Additionally, if an external agency is responsible for investigating the allegation of sexual abuse, the Department shall request that the investigating agency follow the requirements of this section. In the event the investigation is referred to an outside entity that entity shall have in place a policy governing the conduct of such investigations. The MOU with the Jenkins County Sheriff's Office (executed May 22, 2019) states that upon receipt of a referral from the facility in accordance with Section III.A, investigating agency will coordinate and conduct a criminal investigations in accordance with the requirements of 28 CFR 115.21 paragraphs (a) - (e). The MOU further describes the referral process as well as the requirements under 115.21.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): Advocacy services are provided by the certified rape crisis center. Advocates are provided training based on the requirements of the state.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, Georgia Department of Corrections Policy 208.06, the MOU with SART, LLC, the MOU with Jenkins County Sheriff's Department, the MOU with Teal House Sexual Assault Center and information from interviews with random staff, the SAFE/SANE, the PREA Compliance Manager and inmates who reported sexual abuse indicates that this standard appears to require corrective action. Current agency policy is incorrect in that it states that SART LLC provides victim advocacy services. The MOU with Teal House Sexual Assault Center does not outline the requirements under this standards, to include victim advocacy services for victims of sexual abuse, accompaniment during forensic medical examinations and accompaniment during investigatory interviews. Additionally, the PCM stated inmates can contact the victim advocates through the hotline, which does not meet the requirements of this standard. The PCM further stated that they are currently working with Teal House on updating their MOU to cover services under this provision. The auditor requested documentation related to the forensic medical examination, however at the time of the interim report the documentation as not received. The auditor requested documentation related to the afforded access to a victim advocate for eight sexual abuse allegations, however at the time of the interim report the documentation was not provided. The auditor requested documentation related to the one forensic medical examination and the eight sexual abuse allegations related to victim advocacy, however at the issuance of the interim report the documentation was not yet received.

Corrective Action

The agency will need to update their policy related to victim advocacy services and provide the updated policy to the auditor. The facility will need to update their MOU and provide the executed MOU to the auditor. Additionally, appropriate staff, including the PCM, will need to be educated on the requirement of affording a victim advocate for all inmate victims of sexual abuse and how this should be documented. Documentation of the training should be provided to the auditor as well as documentation of the victim advocate access to victims of sexual abuse during the interim report period. The requested documentation related to the forensic medical examination and victim advocacy will need to be provided. Once provided, the auditor can determine if additional corrective action is needed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
2. Updated MOU with Teal House Sexual Assault Center
3. Staff Victim Advocacy Training Records
4. Forensic Medical Examination Documentation
5. Allegations Reported During the Corrective Action Period

On May 19, 2023 the facility provided the auditor with the updated 14-2 Policy. Page 8 was updated to reflect that Teal House is the community agency that provides emotional support services. Page 24 further states that victim advocates for SAFE/SANE exams are provided by trained facility victim advocates.

On January 13, 2023, the facility provided the updated MOU with Teal House Sexual Assault Center. The MOU was updated to reflect that Teal House does not provide services under this provision. Teal House has only agreed to provide services under 115.53.

On March 9, 2023 the facility provided documentation confirming that staff were trained on numerous dates from January through March related to providing victim advocates. The training indicates that SART LLC and the Teal House do not provide advocates and as such the facility will need to provide trained staff to serve as advocates. Additionally, on April 19, 2023 the facility provided training documents confirming that two facility staff completed victim advocacy training through the Georgia Criminal Justice Coordinating Council. The training was conducting March 28-31, 2023.

	<p>The facility provided confirmation that one inmate was provided a forensic medical examination at the facility during the audit period. The forensic medical examination was provided by SART, LLC.</p> <p>On March 23, 2023 the facility provided a list of allegations reported during the corrective action period. All allegations were sexual harassment and as such no documentation under this provision was provided.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 5-1 Incident Reporting 4. Georgia Department of Corrections Policy 103.01 Criminal Investigations 5. Memorandum of Understanding with Jenkins County Sheriff's Department 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual</p>

harassment. 14-2 Sexual Abuse Prevention and Response, page 26 states that the Warden/Facility Administrator shall ensure that an administrative investigation and/or a referral for a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA and I incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. GDC 103.01 Criminal Investigations, pages 1-2 state that the Office of Professional Standards (OPS) Criminal Investigations Division (CID) is the sworn, statewide investigative arm of the Georgia Department of Correction. The CID is responsible for conducting criminal investigations involving all offenders, all facilities and all employees under the jurisdiction of the GDC, as directed by the Commissioner or his appointed representative. The PAQ indicated that there were eighteen allegations of sexual abuse and/or sexual harassment reported within the previous twelve months, all eighteen which resulted in an administrative investigation. The PAQ indicated all sexual abuse allegations are referred for criminal investigation to the GDC and one was referred GDC, however it is pending so it is unknown if it resulted in a criminal investigation. The PAQ stated that not all allegations received in the previous twelve months had a completed investigation as one was still open with GDC. The auditor requested documentation for eleven allegations, however at the issuance of the interim report there were three investigation still not provided. The interview with the Agency Head Designee indicated it is CoreCivic policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. He stated that all administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. The Agency Head Designee indicated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations and referred to the appropriate law enforcement officials (or by contracted partner investigative entity). He stated that the staff work with outside law enforcement, upon request.

115.22 (b): The PAQ was blank but further communication with the PC indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 14-2 Sexual Abuse Prevention and Response, page 22 states that the Administrative Duty Office (ADO) staff, the PCM, Warden/Facility Administrator or designed on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegations does not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state or local law. GDC 103.01

Criminal Investigations, pages 1-2 state that the Office of Professional Standards (OPS) Criminal Investigations Division (CID) is the sworn, statewide investigative arm of the Georgia Department of Correction. The CID is responsible for conducting criminal investigations involving all offenders, all facilities and all employees under the jurisdiction of the GDC, as directed by the Commissioner or his appointed representative. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. The auditor requested documentation for eleven allegations, including one that was referred to GDC, however at the issuance of the interim report there were three investigation still not provided. The interview with the facility investigator indicated the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the activity is clearly not criminal. The GDC criminal investigator further confirmed that their agency conducts criminal investigations for Jenkins CF.

115.22 (c): GDC 103.01 Criminal Investigations, pages 1-2 state that the Office of Professional Standards (OPS) Criminal Investigations Division (CID) is the sworn, statewide investigative arm of the Georgia Department of Correction. The CID is responsible for conducting criminal investigations involving all offenders, all facilities and all employees under the jurisdiction of the GDC, as directed by the Commissioner or his appointed representative. Additionally, the facility has an MOU with the Jenkins County Sheriff's Office (executed May 22, 2019) which states that upon receipt of a referral from the facility in accordance with Section III.A, investigating agency will coordinate and conduct a criminal investigations in accordance with the requirements of 28 CFR 115.21 paragraphs (a) - (e). It also states that the facility will refer all allegations of sexual abuse involving potentially criminal behavior to the investigation agency in a timely manner. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available as well as CoreCivic Policy 14-2. Information is located at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reports, GDC 103.01 Criminal Investigations, the MOU with Jenkins County Sheriff's Department, investigative reports, the agency's website and information

obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to require corrective action. The auditor requested documentation for eleven allegations, however at the issuance of the interim report there were three investigation still not provided.

Corrective Action

The facility will need to provide the three missing sexual abuse investigations and the referral documentation for GDC.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports
2. GDC Referral Documentation

On March 9, 2023, the facility provided the three requested investigations. Two were completed by the facility investigator and one was referred to GDC for investigation. The GDC referral was documented on the Incident Packet Checklist and Administrative Review form (5-1H).

Based on the documentation provided the facility has corrected this standard and as such is compliant.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview Facilitator Guide
4. Staff Training Records (14-2A CoreCivic PREA Training Acknowledgment)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. How to detect and respond to signs of threatened and actual sexual abuse was not checked, however further communication with the PCM indicated that was an oversight and that this topic is also covered during staff training. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service training on the following: the CoreCivic zero tolerance policy for sexual abuse and sexual harassment, how to fulfill employee responsibilities for sexual abuse and sexual harassment prevention, detection, reporting and response in accordance with policy, the right of the inmates/detainees to be free from sexual abuse and sexual harassment, the right of the inmates/detainees and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting including locations, situations and circumstances in which sexual abuse may occur, signs of victimization and common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates/detainees, how to communicate effectively and professionally with inmates/detainees including

LGBTI and gender non-conforming inmates/detainees and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA Overview Facilitator Guide confirmed that the staff training includes information on: the agency's zero tolerance policy (page 3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 4-19), the inmates' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages 19-20), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 21-23), the common reactions of sexual abuse and sexual harassment victims (page 24-26), how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). A review of sixteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with fifteen random staff confirmed that all fifteen have received PREA training. Staff confirmed that the components under this provision were included in the training. Staff stated training is completed annually and it discusses the PREA policy, searches, the opposite gender announcement, who to report information to and who is on the SART team.

115.31 (b): The PAQ indicated that training is tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of inmate/detainee shall receive additional training. A review of the PREA Overview Facilitator Guide confirmed that the dynamics of sexual abuse in a confinement setting section included information for male facilities and female facilities. Additionally, the common reactions of victims of sexual abuse and sexual harassment includes information on male and female inmates. The facility houses adult male inmates and as such no additional training is required.

115.31 (c): The PAQ indicated that all of the staff have been trained or retrained in PREA requirements. The PAQ stated that staff are annually and that in between trainings staff are provided information through electronic policies and information during department meetings. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service. A review of documentation confirmed that all sixteen staff had received PREA training in the last year and eight had PREA training the previous two years. The eight that had not

receive the training the previous two years were new hires.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. Signed documentation will be maintained in the employee's training and/or HR file. A review of a sample of sixteen staff training records indicated that all sixteen signed the PREA Training Acknowledgment form.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitator Guide, a review of a sample of staff training records as well as interviews with random staff indicate that the facility appears to meet the standard.

115.32	Volunteer and contractor training
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Auditor Overall Determination: Meets Standard
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Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview: Training for Contractors and Volunteers (14-2K)
4. Sample of Contractor Training Records (14-2A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment and/or 14-2J PREA Zero Tolerance Policy Acknowledgment)
5. Sample of Volunteer Training Records (14-2K PREA Overview: Training for Contractors and Volunteers)

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 14-2 Sexual Abuse Prevention and Response, pages 7 state that and volunteers and contractor who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in policy. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. The PAQ indicated that sixteen volunteers and contractors had received PREA training, which is less than 100%. Further communication with the PCM indicated that this number was incorrect and that 32 total volunteers and contractors received the required training, which is equivalent to 100%. A review of a sample of five contractor training records and three volunteer training records indicated that all eight had received PREA training. The interviews with the contractor and volunteer confirmed that they both received training related to their responsibilities under the agency's sexual abuse and sexual harassment policies.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 14-2 Sexual Abuse Prevention and Response, page 7 states that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact with inmates/detainee. All volunteers and contractors who have contact with inmates/detainees shall acknowledge the CoreCivic zero tolerance policy regarding sexual abuse and sexual

harassment and how to report such incidents. All volunteers shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. A review of a sample of five contractor training records and three volunteer training records indicated that all eight had received PREA training. The interviews with the contractor and volunteer confirmed they received training that the training including information on the zero tolerance policy and how to report sexual abuse. The volunteer stated he had training in person on many occasions while the contractors stated she completes an online training through the agency as well as PREA training through her contracted agency, so she receives it twice a year.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 14-2 Sexual Abuse Prevention and Response, page 8 states that the signed documentation confirming that each volunteer or contractors understand the training that he/she received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden/Facility Administrator or PCM. A review of a sample of six contractor training documents and three volunteer training documents confirmed 100% of those reviewed had signed the 14-2A, 14-2J or 14-2K. Each form has an acknowledgment above the signature stating that the individual has reviewed/read the information and understands the content.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, PREA Overview: Training for Contractors and Volunteers, a review of a sample of contractor and volunteer training records as well as the interview with the contractor indicates that this standard appears to be compliant.

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 14-2AA PREA Pamphlet
4. Inmate Handbook
5. PREA Education Video
6. PREA Posters
7. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 14-2 Sexual Abuse Prevention and Response, page 12 states that upon arrival at the facility for intake, each inmate/detainee shall be provide with information regarding sexual abuse prevention and reporting. Policy indicates that inmates/detainees are provide the 14-2AA PREA Pamphlet at intake in either English or Spanish. A review of the pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. Inmates are required to sign an acknowledgment of

the receipt of the PREA pamphlet/video form once received. The PAQ indicated 1020 inmates received information at intake, which is less than 100% of those that arrived (1151). Further communication indicated the facility information was incorrect and that 1020 inmates arrived in the previous twelve months and all 1020 received information at intake. A review of 24 inmate files of those received within the previous twelve months indicated that 22 had received PREA information at intake. The auditor was not provided documentation for two of the requested inmates. The auditor observed the intake process through a demonstration. Inmates are provided PREA information at intake via the Inmate Handbook and PREA Pamphlet. The handbook and pamphlet are available in both English and Spanish. The PREA hotline was observed painted in the intake area. The interview with intake staff confirmed that inmates receive information on the zero tolerance policy and how to report allegations of sexual abuse. The staff stated that when inmates first come into the facility they are presented with a handbook and PREA pamphlet that goes over the information. 39 of the 41 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies.

115.33 (b): 14-2 Sexual Abuse Prevention and Response, pages 12-13 state that within 30 days following intake, either in person or through video, inmates/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention: CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents, threats or suspicion of sexual abuse or sexual harassment; an inmate/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents; inmate/detainee on inmate/detainee sexual abuse; employee on inmate/detainee sexual abuse; availability of policies regarding sexual abuse prevention/intervention; and available emotional support services to include internal and external victim advocates and community support services. The policy states that comprehensive education includes a copy of the 14-2AA PREA pamphlet, the facility handbook and viewing of the PREA video. A review of the PREA video confirmed that it provides inmates information on the zero tolerance policy, how to report, rights to medical and mental health care, definitions, how to stay safe and information on the investigation. A review of the pamphlet confirms that it contains facts about sexual abuse, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. Additionally, the inmate handbook contains information on the sexual abuse and sexual harassment policy, how to report (GDC methods only), definitions and additional rights of inmates/detainees. The PREA posters also indicate the facility has a zero tolerance for sexual abuse and sexual harassment and direct inmates/detainees to report the information. The PAQ indicated that 1020 inmates received comprehensive PREA education within 30 days of intake, which is less than 100% of those that arrived and stayed longer than 30 days. Further communication with the PCM indicated that the facility information was incorrect and that 1020 inmates arrived at the facility that stayed longer than 30 days and 100% had received comprehensive PREA education. A review of 24 inmate files of those received in the

previous twelve months indicated that 22 had received comprehensive PREA education within 30 days of intake. The auditor was not provided documentation for two of the requested inmates. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Comprehensive PREA education is conducted on the first day the inmate arrives at the facility. Each inmate is provided an inmate handbook and a PREA pamphlet in English or Spanish. The inmates sign that they received the documents. Chairs are then set up in intake and inmates watch the PREA What You Need to Know video. The video is in English with Spanish subtitles. The facility plays the video one time prior to any other activity and then plays the video on a loop while the rest of the intake activities take place. Inmates sign that they viewed the video. Additionally, at the 30 day reassessment, inmates are provided the PREA pamphlet a second time as a refresher. The auditor observed the television in intake and determined it was not large enough for inmates to read the Spanish subtitles. During the interim report period the facility replaced the current tv in intake with a larger tv. The auditor confirmed that the size was adequate for inmates to see and read subtitles. The interview with the intake staff indicated that every inmate that comes into the facility receives a handbook and PREA pamphlet in English or Spanish. The staff stated they also watch a video in intake. They set up chairs and have them watch the video before they do anything else. After the video is shown one time, it continues on a loop during the intake process. The staff stated the video has subtitles in Spanish. Additionally, the staff stated they also provide all inmates the PREA pamphlet a second time as a refresher during the 30 day reassessment. The staff confirmed that minus the second PREA pamphlet all information is given on the first day of arrival. 35 of the 41 inmates interviewed indicated that they were informed of their right to be free from sexual abuse, ways to report sexual abuse and their right to be free from retaliation for reporting sexual abuse through a video. Most inmates indicated they received the information when they arrived at the facility.

115.33 (c): The PAQ indicated all current inmates at the facility had been educated on PREA within 30 days. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. The interview with the intake staff indicated that every inmate that comes into the facility receives a handbook and PREA pamphlet in English or Spanish. The staff stated they also watch a video in intake. They set up chairs and have them watch the video before they do anything else. After the video is shown one time, it continues on a loop during the intake process. The staff stated the video has subtitles in Spanish. Additionally, the staff stated they also provide all inmates the PREA pamphlet a second time as a refresher during the 30 day reassessment. The staff confirmed that minus the second

PREA pamphlet all information is given on the first day of arrival. A review of a total of 45 inmate files indicated that 31 had PREA education. The facility did not provide a few of the requested inmate documents. There were zero inmates identified to have been at the facility prior to 2013. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. Comprehensive PREA education is conducted on the first day the inmate arrives at the facility. Each inmate is provided an inmate handbook and a PREA pamphlet in English or Spanish. The inmates sign that they received the documents. Chairs are then set up in intake and inmates watch the PREA What You Need to Know video. The video is in English with Spanish subtitles. The facility plays the video one time prior to any other activity and then plays the video on a loop while the rest of the intake activities take place. Inmates sign that they viewed the video. Additionally, at the 30 day reassessment, inmates are provided the PREA pamphlet a second time as a refresher. The auditor observed that television in intake. The television was not large enough for inmates to read the Spanish subtitles. During the interim report period the facility replaced the current tv in intake with a larger tv. The auditor confirmed that the size was adequate for inmates to see and read subtitles.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. 14-2 Sexual Abuse Prevention and Response, page 12 states that the facility shall provide resident education at intake in formats accessible to all residents including those who are disabled or LEP. 14-2AA PREA pamphlet is available in English and Spanish. Policy states that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY 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 will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. Policy also states that interpreters shall be provided (for LEP inmates) who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. The facility provided the auditor with a list of five agencies that provide services for deaf and blind individuals. Additionally, a photo of the TDD phone was provided and indicated that the phone is available in all housing units. The facility also provided a memo indicating that a facility staff member is available to provide basic sign language and she was trained by the GDOC. It also stated that the intake/orientation PREA videos are available with subtitles for deaf individuals. Further, the agency has a contract with LanguageLine Solutions which includes translation services for LEP inmates and Insight Video Interpreting for deaf

individuals. The facility also provided a memo indicating that a staff member was available to provide Spanish translation for inmates. A review of the inmate handbook, 14-2AA PREA pamphlet and PREA posters confirmed that PREA information is available in Spanish. A review of eight disabled inmate records indicated that four had received comprehensive PREA training and signed that they understood the training. None of the four had any notation of accommodations that were made. A review of four LEP inmate files confirmed that all four signed they had received the PREA education, however the acknowledgment forms were in English.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees shall sign indicating acknowledgment that they received intake information and the 30 day comprehensive education and this documentation shall be maintained by the facility in the inmate/detainee file. A review of 45 inmate files indicated that all that were documented with PREA education had a signed acknowledgment of the education.

115.33 (f): The PAQ as well as 14-2 Sexual Abuse Prevention and Response, page 13 indicate that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. A review of documentation confirmed the facility had PREA information via the 14-2AA, inmate handbook and PREA posters. The auditor observed the hotline reporting number painted in most of the housing units (with the exception of two living unit in the 100 building). The painted information was in both English and Spanish and was adequate size for vision impaired inmates. A few of the housing units had regular paper size posters either on the wall or in a flex style folder on the wall. The posters were in English and Spanish, however they were not adequate for vision impaired inmates. The regular paper size posters were not consistently found in the units in the flex folders or on the walls or bulletin boards. The posted information included only one method of reporting (the hotline). One housing unit had the outside reporting entity posted on a regular paper size poster in English only. Information was also observed in the intake area and visitation, however it was only information on the hotline. The auditor did not observe PREA information in common areas or other areas around the facility. There were however, a few posters in the administration area directing staff on how to report to the Ethics Line. The auditor observed the PREA Brochure and the GDC Inmate Handbook was available on the inmate tablet system. Both documents were accessible in English and Spanish. The auditor observed that the hotline number that was painted on the walls was different from the hotline number that was in the GDC Inmate Handbook and in the Jenkins Correctional Facility Inmate Handbook. The painted information advised inmates to report by dialing 1-8-7732 (for English) or 2-8-7723 (for Spanish), while the information in the literature stated they could report by dialing *7732. The auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity

and the rape crisis center information. This poster was observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the Jenkins Correctional Facility Inmate Handbook. Informal conversation with staff and inmate confirmed that the painted PREA information has been posted for quite some time.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-22A PREA pamphlet, the inmate handbook, the PREA posters, the PREA video, a review of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. While the agency/facility has posters, a handbook and a brochure, the information contained in all documents was inconsistent and was not observed to be continuously and readily available or visible. A few of the housing units had regular paper size posters either on the wall or in a flex style folder on the wall. The posters were in English and Spanish, however they were not adequate for vision impaired inmates. The regular paper size posters were not consistently found in the units in the flex folders or on the walls or bulletin boards. The posted information included only one method of reporting (the hotline). One housing unit had the outside reporting entity posted on a regular paper size poster in English only. The auditor did not observe PREA information in common areas or other areas around the facility. The auditor observed that the hotline number that was painted on the walls was different from the hotline number that was in the GDC Inmate Handbook and in the Jenkins Correctional Facility Inmate Handbook. The painted information advised inmates to report by dialing 1-8-7732 (for English) or 2-8-7723 (for Spanish), while the information in the literature stated they could report by dialing *7732. The auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. This poster was observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the Jenkins Correctional Facility Inmate Handbook. A review of eight disabled inmate records indicated that four had received comprehensive PREA training and signed that they understood the training. None of the four had any notation of accommodations that were made. A review of four LEP inmate files confirmed that all four signed they had received the PREA education, however the acknowledgment forms were in English. A review of 24 inmate files of those received within the previous twelve months indicated that 22 had received PREA information at intake and comprehensive PREA education. The auditor was not provided documentation for two of the requested inmates. A review of a total of 45 inmate files indicated that 31 had PREA education. The facility did not provide all of the requested inmate documents.

Corrective Action

The facility will need to update all current information, including posters and the handbook to include multiple accurate reporting mechanisms. The facility will need to ensure large posters are in each housing unit, in both English and Spanish. Posters and distributed information will need to have all appropriate information including zero tolerance, reporting methods to include the outside reporting entity and victim advocacy information. Photos of the postings will need to be provided to the auditor. Additionally, the facility will need to provide the auditor with all the updated documents, including the inmate handbook.. All current LEP and disabled inmates will need to be provided comprehensive PREA education in a format that they understand. Copies of education will need to be provided to the auditor. Additionally, the requested inmate documentation will need to be provided in order for the auditor to determine if additional corrective action is needed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Inmate Handbook
2. Updated PREA Posters
3. Photos of Posters in Housing Units
4. Photos of Outside Reporting Mechanism and Victim Advocacy Posters
5. LEP and Disabled Inmate Accommodations Memo
6. LEP and Disabled Inmate Education Documents
7. List of Inmates Received During the Interim Report Period
8. Inmate Education Documents

The facility provided the updated PREA Poster which included directions on how to report to the hotline (1-8-7732 for English or 2-8-7732 for Spanish). Additionally, the facility provided the Outside Reporting Mechanism and Victim Advocacy Poster. This poster indicated that the outside reporting entity is the Office of Victim Services State Board of Pardons and Paroles. Inmates are advised that they can report sexual abuse

or sexual harassment to an agency that is not part of CoreCivic or the GDOC. They are provided the mailing address and are also advised that they can remain anonymous upon request and that all reports will be referred for investigation. The poster also contains information on the Teal House. The poster advised inmates that they could obtain confidential emotional support from an outside victim advocate by writing to the mailing address. It further advised that they could utilize the Teal House crisis hotline and to contact a member of the unit staff to coordinate setting up a call. The poster advises that calls to the crisis hotline are not monitored or recorded. Photos of the updated PREA Posters and the Outside Reporting Mechanism and Victim Advocacy Poster throughout the housing units were provided to the auditor on May 3, 2023.

The auditor was also provided a copy of the updated Inmate Handbook. The Inmate Handbook included three pages of PREA information (pages 29-31). The Inmate Handbook described the facility's zero tolerance policy, included the definitions of sexual abuse and sexual harassment, had information on how to report (to include the accurate numbers for the hotline as referenced above on the updated PREA Poster), the outside reporting mechanism, the facility's response to sexual assault, information on the outside victim advocate and tips for avoiding sexual abuse.

On January 20, 2023 the facility provided training to staff on accommodations for LEP and disabled inmates related to PREA education, including the availability of LanguageLine. The facility provided six disabled and LEP education records confirming that the identified LEP and disabled inmates at the facility were provided updated PREA education in an accessible format.

On May 5, 2023 the facility provided a list of inmates received during the corrective action period. The auditor selected 22 inmates from the list to determine if comprehensive PREA education was being provided as outlined in the standard. The facility provided documentation for nineteen inmates. The three that were not provided had departed the facility prior to the 30 days. Only one of the nineteen was provided comprehensive PREA education past the 30 days. Additionally, the facility provided the auditor with education documents for nine inmates that were identified during the on-site portion of the audit. Documentation indicated that education was provided as outlined under this provision, the documentation was just not provided prior to the issuance of the interim report.

Based on the documentation provided, this standard has been corrected.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting
4. Investigator Training Records (14-2A1 PREA Training Acknowledgment Specialized Training)

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 14-2 Sexual Abuse Prevention and Detection, page 6 states that 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 settings. The PCM shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences. This training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of eleven investigation indicated they were all completed by one facility investigator who was documented with the specialized training. The interview with the facility investigator confirmed that he completed specialized training. He stated he receives training annually and that he has received the specialized training since he has been in Georgia. The facility investigator indicated the training goes over PREA, what the guidelines need to be met for investigation, what is considered a crime and turning over any criminal investigations to GDC. The GDC criminal investigator also confirmed that he received specialized

training. He stated they conduct PREA training annually through GDC, that he and all his agents are law enforcement and attend the police academy and they also attend an investigator academy with the Georgia Bureau of Investigations.

115.34 (b): 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of eleven investigation indicated they were all completed by one facility investigator who was documented with the specialized training. The interviews with the facility investigator and the GDC criminal investigator confirmed that the specialized training they received included all the elements required under this provision.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training. The PAQ did not indicate the number of investigators that received the training but further communication with the PC indicated that one facility investigator completed the required training. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of eleven investigation indicated they were all completed by one facility investigator who was documented with the specialized training.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, investigator training records as well as the interviews with the investigators, indicates that this standard appears to be compliant.

115.35	Specialized training: Medical and mental health care
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic 14-2 Sexual Abuse Prevention and Response
3. National Institute of Corrections (NIC) Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Medical and Mental Health Staff Specialized Training Records (14-2A PREA Training Acknowledgment Specialized Training)
6. Medical and Mental Health Training (14-2A CoreCivic PREA Training Acknowledgment)

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 14-2 Sexual Abuse Prevention and Response, page 7 states that in addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time qualified health care professionals and qualified mental health care professionals, shall receive specialized training. Training includes; 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 whom to report allegations of sexual abuse and sexual harassment. The training is completed through the NIC Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff curriculum. A review of the training modules, both trainings include the following topics: how to detect and assess signs of sexual abuse and sexual harassment (chapter 2), how to preserve physical evidence of sexual abuse (chapter 3), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (chapter 2) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (chapter 4). The PAQ indicated the facility has 20 medical and mental health care practitioners who work regularly at the facility and 100% of medical and mental health staff received the specialized training. A review of PAQ supplemental documentation indicated twelve medical and mental staff had completed the

specialized medical and mental health training in 2022. A review of six medical and mental health staff training records indicated that all six had received the specialized medical and mental health training. It should be noted that one medical staff member completed the training during the interim report period. The interviews with medical and mental health care staff confirmed that they both completed specialized training. They stated the training covered suicide prevention, signs and symptoms to look for, procedures to take after a report of sexual abuse and referrals to mental health. Both staff confirmed that the required components under this provision were covered in the training.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted on-site via SANE from SART, LLC. The interview with the medical staff member confirmed that facility staff do not perform forensic medical examinations. She stated that there is a services that comes into the facility to conduct the examinations.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 14-2 Sexual Abuse Prevention and Response, page 7 states that medical and mental health staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file. A review of PAQ supplemental documentation indicated twelve medical and mental staff had completed the specialized medical and mental health training in 2022. A review of six medical and mental health staff training records indicated that all six had received the specialized medical and mental health training. It should be noted that one medical staff member completed the training during the interim report period.

115.35 (d): 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. It also states that contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. A review of six medical and mental health staff training documents indicated that two had completed the contractor PREA training and four had completed the staff PREA training (two of the medical/mental health staff were new hires and only had one year of staff training).

	<p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, the PREA Medical and Mental Health Care: A Trauma Informed Approach curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.</p>
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115.41 Screening for risk of victimization and abusiveness	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. 14-2B Sexual Abuse Screening Tool 4. Georgia Department of Corrections Policy 208.06 Attachment 4 - PREA Sexual Victim/Sexual Aggressor Classification Screening Tool 5. Inmate Assessment and Re-Assessment Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Inmates 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Inmate Files are Located <p>Findings (By Provision):</p>

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. This includes inmates/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception and inmates/detainees who have been returned from court, or other leave status. Interviews with seven inmates that arrived within the previous twelve months confirmed that six were asked the risk screening questions the same day they arrived. The auditor was provided a demonstration of the initial risk assessment. The risk initial risk assessment is done at intake in a private office setting. The staff have a paper risk screening tool that they utilize to ask each inmate the questions. Once the paper is filled out they later transfer the information into the electronic system and shred the paper form. All inmates are asked the questions and their responses are noted. During the demonstration the risk screening staff indicated that they were not checking the computer/file related to the inmate's responses and as such they were only using the response that the inmate provided. The auditor determined that this may misclassify individuals if they do not disclose prior abusiveness, violent criminal history, prior sexual offenses and other criteria that are able to be checked in the inmate's record. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and/or abusiveness the same day they arrive. Interviews with 22 inmates that arrived within the previous twelve months confirmed that nineteen had an initial risk screening completed when they first arrived.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 14-2 Sexual Abuse Prevention and Response, page 10 states that inmates/detainees shall be assessed within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. The PAQ stated that 1020 inmates that arrived in the previous twelve months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours, which is less than 100% of those that arrived and stayed longer than 72 hours (1151). Further communication with the PCM indicated that the facility information was incorrect and that 1020 inmates arrived that stayed longer than 72 hours and 100% were screened for their risk of sexual victimization or sexual abusiveness. A review of 24 inmate records of those received in the previous twelve indicated 24 had an initial risk screening. Of the 24, one was past the 72 hour timeframe. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and/or abusiveness the same day they arrive. Interviews with 22 inmates that arrived within the previous twelve months confirmed that nineteen had

an initial risk screening completed when they first arrived.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 14-2 Sexual Abuse Prevention and Response, page 10 states that screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening process. The policy states that the facility utilizes the Georgia Department of Corrections Policy 208.06 Attachment 4 - PREA Sexual Victim/ Sexual Aggressor Classification Screening Tool. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. A review of Attachment 4 indicates that the assessment includes ten questions for sexual victimization factors and four questions for sexual aggressor factors. At the end of each section the total number of "yes" answers are totaled to determine if there is a risk.

115.41 (d): 14-2 Sexual Abuse Prevention and Response, pages 10-11 indicate that the intake screening shall consider, at minimum, the following criteria to assess inmates/detainees for risk of victimization: whether the inmate/detainee has a mental, physical or developmental disability; the age of the inmate/detainee; the physical build of the inmate/detainee; whether the inmate/detainee has previously been incarcerated; whether the inmate/detainee's criminal history is exclusively nonviolent; whether the inmate/detainee has prior convictions for sex offenses against an adult or child; whether the inmate/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the inmate/detainee has previously experienced sexual victimization; the inmate/detainee's own perception of vulnerability and whether the inmate/detainee is detained solely for civil immigration purposes. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. A review of Attachment 4 indicates that the assessment includes ten questions for sexual victimization factors, including; prior victimization, age, physical stature, disabilities, prior incarceration, sexual preference and/or gender identity and own perceptions to vulnerability. The staff who perform the risk screening stated that the risk screen is completed through the classification computer screen. She stated they ask the questions that pull up to every offender. She confirmed that all of the questions required under this standard are included. She stated they ask about LGBTI, if they have a prior sex offense, if the criminal history is violent charges, if the individual considers themselves vulnerable, if they have ever been a victim of rape or sexual assault. The staff stated that some things, such as age are already marked in the system so they just verify the information. She stated the process includes asking all the questions and reviewing what was previously said on the prior risk screening. She stated they also review information on the computer so see what the answers should be, such as violent criminal history. She stated there is a section at the bottom where discrepancies are noted from what the inmate states and what was observed

in the file. She stated the electronic system does not have this section through, only the paper form, so any notes would have to be entered into the case notes which they do not typically do because of confidentiality.

115.41 (e): 14-2 Sexual Abuse Prevention and Response, page 11 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. A review of Attachment 4 indicates that the assessment includes ten questions for sexual victimization factors, including; prior victimization, age, physical stature, disabilities, prior incarceration, sexual preference and/or gender identity and own perceptions to vulnerability. The staff who perform the risk screening stated that the risk screen is completed through the classification computer screen. She stated they ask the questions that pull up to every offender. She confirmed that all of the questions required under this standard are included. She stated they ask about LGBTI, if they have a prior sex offense, if the criminal history is violent charges, if the individual considers themselves vulnerable, if they have ever been a victim of rape or sexual assault. The staff stated that some things, such as age are already marked in the system so they just verify the information. She stated the process includes asking all the questions and reviewing what was previously said on the prior risk screening. She stated they also review information on the computer so see what the answers should be, such as violent criminal history. She stated there is a section at the bottom where discrepancies are noted from what the inmate states and what was observed in the file. She stated the electronic system does not have this section through, only the paper form, so any notes would have to be entered into the case notes which they do not typically do because of confidentiality.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 14-2 Sexual Abuse Prevention and Response, pages 11-12 states that within a set period of time not to exceed 30 days from the inmate's arrival at the facility, a reassessment of the inmate/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. Additionally, policy states that the 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days. The PAQ indicated that 1020 inmates were reassessed for their risk of sexual victimization or being sexual abusive within 30 days after their arrival, which is less than 100% of those that arrived and stayed longer than 30 days (1151). Further communication with the PCM indicated that the facility information was incorrect and that 1020 inmates were admitted to the facility that stayed longer than 30 days and 100% had a reassessment. The interview with

the staff responsible for the risk screening indicated inmates are reassessed within 30 days and the staff who completed the initial risk assessment is responsible for completing the reassessment. She also stated that if there is an allegation of sexual abuse the victim and aggressor have a reassessment. Interviews with 22 inmates that arrived within the previous twelve months indicated that nine were asked the risk screening questions on more than one occasion. They stated the reassessment was completed a month or so after they arrived. A review of 24 inmate files of those that arrived over the previous twelve months indicated nineteen inmates were reassessed.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 14-2 Sexual Abuse Prevention and Response, page 12 states that a reassessment shall also be completed when warranted, due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness. Additionally, policy states that following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. A review of two sexual abuse investigations that were not deemed unfounded indicated that both had a reassessment, however they were done months after the investigation was completed. The interview with the risk screening staff confirmed that inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. She stated that if there is an allegation of sexual abuse the victim and aggressor are reassessed. Interviews with 22 inmates that arrived within the previous twelve months indicated that nine were asked the risk screening questions on more than one occasion. They stated the reassessment was completed a month or so after they arrived. A review of 24 inmate files of those that arrived over the previous twelve months indicated nineteen inmates were reassessed.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees may not be disciplined for refusing to answer, or for not disclosing complete information. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): 14-2 Sexual Abuse Prevention and Response, page 11 states that the

facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the inmate/detainee's detriment by staff or other inmate/detainees. Measures taken shall include, but are not limited to: screening interview shall be conducted with as much privacy as is reasonable given security and safety concerns; an inmate/detainee shall not be permitted to complete his/her own 14-2B form or utilize other assistance from other inmates/detainees to complete the form; inmates/detainees shall not be permitted access to files containing assessment forms belonging to other inmates/detainees; and electronic assessments access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff and staff with a need to know for the safe and secure operations of the facility. Inmate medical records are electronic and paper. Paper records are located in medical records which is staffed 8:00am-4:00pm Monday through Friday. The medical records room is locked at all times, even when staffed. Access is restricted to the medical records room and staff confirmed that Correctional Officers and Unit Management staff do not have access. Electronic medical records are only accessible to medical and mental health care staff. Inmate files are paper, however risk assessment information is not contained in the inmate file. This was confirmed by the auditor through a review of an inmate file. Inmate records is staffed from 7:30am-3:30pm Monday through Friday and the door is locked at all times. Risk assessment information is electronic is the "Scribe" system. The records clerk advised that she did not have access to Scribe. During the on-site portion of the audit, the auditor had a security staff member pull up the Scribe system to show what information could be viewed. The auditor observed that the security staff member could only view the inmate's risk assessment designation. The answers to the risk assessment were not accessible. Investigative files are electronic and are accessible to supervisors and administrative staff. The PCM also indicated she has printed copies of the investigations in her file in her locked office. The interview with the PC confirmed that there is a policy that outlines who should have access to the inmate's risk screening assessment within the facility in order to protect sensitive information from exploitation. He stated risk assessments (14-2B) and partner agency risk assessments are secured in the inmate's file in the records office where it is controlled to only those who have a need to know, such as Case Managers and treatment personnel. He further stated that the assessments on the computer are protected by passwords that are not accessible by all staff. The PCM stated that they utilized the GDC classification system which has restricted access to the risk screening information. She indicated that only those staff with a need to know have access and not every staff member is able to look at that information. The staff who conduct the risk screening indicated that the agency has implemented appropriate controls of the information so that sensitive information is not exploited. She stated that only those who enter the information on PREA screening have access, so case managers and supervisor. She stated that Information Technology staff have to grant access for the screening.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the

Georgia Department of Corrections Policy 208.06 Attachment 4 – PREA Sexual Victim/ Sexual Aggressor Classification Screening Tool, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. During the demonstration of the initial risk screening the risk screening staff indicated that they were not checking the computer/file related to the inmate’s responses and as such they were only using the response that the inmate provided. The auditor determined that this may misclassify individuals if they do not disclose prior abusiveness, violent criminal history, prior sexual offenses and other criteria that are able to be checked in the inmate’s record. Additionally, staff stated there is a section at the bottom of the paper form where discrepancies are noted from what the inmate states and what was observed in the file. She stated the electronic system does not have this section through, only the paper form, so any notes would have to be entered into the case notes which they do not typically do because of confidentiality. This ties into the same issue identified with how yes and no responses are documented in the risk screening. Staff were taking the inmates response and notating discrepancies from the file review (when completed) in the box on the paper form, which was never transferred to the electronic system. Interviews with 22 inmates that arrived within the previous twelve months indicated that nine were asked the risk screening questions on more than one occasion. A review of 24 inmate files of those that arrived over the previous twelve months indicated nineteen inmates were reassessed. A review of two sexual abuse investigations that were not deemed unfounded indicated that both had a reassessment, however they were done months after the investigation was completed.

Corrective Action

The facility will need to conduct a training with all staff who complete risk assessments. The training should include information related to conducting a file review and how to mark responses when what the inmate states and what the file review states are different. A copy of the training records will need to be provided to the auditor. The facility will need to go back through risk assessments and determine those that have discrepancies and update to ensure that inmates have the appropriate designation. A sample of the updated risk screenings will need to be provided to the auditor. The facility will need to ensure that all victims of sexual abuse, excluding those deemed unfounded, receive a risk reassessment in a timely manner after the completed investigation. Appropriate staff will need to be trained on this and copies of the training will need to be provided to the auditor. All available examples during the corrective action period should be sent to the auditor as well. Additionally, the facility will need to ensure that all inmates are reassessed within 30 days. The five inmates that were missing a reassessment should be reassessed and a sample of inmates reassessments that arrive during the CAP should be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Records
2. Inmate Risk Assessments
3. List of Inmates that Arrived During the Corrective Action Period

On March 29 2023 the facility provided the auditor with training records confirming that facility staff were trained on numerous dates from January to March on the process for the risk screening, including timelines and how to handle differences in the file review and the inmate response.

During the corrective action period the facility indicated that the staff interviewed and the staff who provided the demonstration (same staff member) was not a staff member who completes the risk screening, but rather the supervisor. The facility indicated that they spoke to the staff who conduct the risk screening and the staff confirmed that they do a file review and that they utilize information from the file review when the inmate response is different from the inmate file information. The staff further stated that the training was also conducted just as a reminder to all staff, including the supervisor. The facility further indicated that since risk screening staff were conducting them appropriately there were no issues identified with current risk assessments.

On May 5, 2023 the facility provided a list of inmates received during the corrective action period. The auditor selected 22 inmates from the list to determine initial and 30 day risk screenings were being completed as required under the standard. The facility provided 20 of the 22 initial risk assessments. Nineteen were completed within the required 72 hours. The two initial risk assessments were not provided were inmates that arrived and left within 30 days and were no longer at the facility. With regard to the 30 day risk assessments, eighteen documents were provided to the

	<p>auditor. Five of the eighteen were completed past the 30 day timeframe. Of the four not provided, three of the inmates left prior to the 30 days and as such did not require the reassessment. One inmate did not have a reassessment but was no longer at the facility.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities 4. Human Rights Policy Statement 5. Sample of Housing Determination Documents 6. 14-9A Transgender/Intersex Assessment and Treatment Plan Form 7. Transgender/Intersex Inmate Biannual Reviews 8. LGBTI Inmate Housing Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interview with Transgender/Intersex Inmates 5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Page 14 further states that the facility shall use the information from the 14-2B Sexual Abuse Screening Tool or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments in the consideration of housing, recreation, work, program and other activities. Additionally, 18-2AA Coffee Correctional Facility Classification Plan states that following classification, housing assignments are completed and sent to the orientation unit to move the inmates to their assigned housing units. Inmates' PREA status is reviewed during housing assignments for aggressors, victims or both to make sure victims and aggressors are not housed in the same cell. Also in open dorms victims are housed toward the front part of the dorm as much as possible. The interview with the PREA Compliance Manager indicated that risk screening information is utilized to determine if an individual is a possible aggressor or possible victim. This information is then used to make sure inmates are housed appropriately. She stated they do not mix victims with aggressors in cell houses and in open dorms. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized for housing purposes. She stated they do not house a victim with a perpetrator. When probed about program and work assignments, the staff stated that they do not use the information for program and work because that would mean they are being biased. She stated there are staff supervisors in most jobs and that while she may look at the risk screening when assigning job and program assignments it is not a conscious determination. The auditor requested documentation related to housing, work and programming assignments for inmates at high risk of victimization and at high risk of abusiveness to determine if placements are based on the risk assessment. The facility did not provide the requested documented at the issuance of the interim report.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility shall make individualized case-by-case determinations about how to ensure the safety of each inmate/detainee. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized for housing purposes. She stated they do not house a victim with a perpetrator. When probed about housing and work assignments, the staff stated that they do not use the information for housing and work because that would mean they are being biased. She stated there are staff supervisors in most jobs and that while she may look at the risk screening when assigning job and program assignments it is not a conscious determination. The auditor requested documentation related to housing, work and programming assignments for inmates at high risk of victimization and at high risk of abusiveness to determine if placements are based on the risk assessment. The facility did not provide the requested documented at the issuance of the interim report.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 14-2 Sexual Abuse Prevention and Response, page 14 states that in deciding whether to house a transgender/intersex inmate/detainee in a male or female unit, pod, cell or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 6 states that following identification of a transgender or intersex inmate/detainee at intake (or upon identification after intake), the inmate/detainee shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form. Additionally, page 8 states that CoreCivic facilities shall not base housing placement decisions for transgender or intersex inmates/detainees solely on the identify documents or physical anatomy of the inmate/detainee. The interview with the PCM indicated that transgender and intersex inmates are not treated any differently than any other inmate and that their housing is determined through the classification process. She stated that they ensure transgender and intersex inmates are not placed in vulnerable housing or work areas and that they are housed based on classification as long as they are not having any specific problems. The PCM confirmed that transgender and intersex inmate housing and program assignments take into consideration the inmate's health and safety as well as any security or management problem. The interview with the transgender inmate indicated that she was not asked about her safety with regard to housing and programming assignments. A review documentation for the one transgender inmate indicated that housing was reviewed upon arrival in October.

115.42 (d): 14-2 Sexual Abuse Prevention and Response, page 14 indicates 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 the inmate/detainee. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 7-8 state that a reassessment shall be completed any time that additional relevant information becomes known or following any indicating of victimization or threats of safety experienced by the inmate/detainee. At minimum, SART shall consider the following in the reassessment: changes in the transgender inmate/detainee's housing preferences; variations in the inmate/detainee's medical or mental health status; safety/security of the inmate/detainee, other inmate/detainees, and/or facility staff; any threats to safety experienced by the inmate/detainee; continued availability of housing; and concerns documented by the facility. A review of the one transgender inmate file indicated that she was assessed upon arrival in October and then had a reassessment as well. The staff responsible for the risk screening stated they have only had one transgender inmate and it was only for a week so she was unsure of the timeline on reassessments. The PCM further confirmed that placement and programming assignments for each transgender or intersex inmate are reassessed every six months and that they are rotated out of work/program assignments every six months as well. The PCM also indicated that they conduct reassessments on transgender and intersex inmates anytime there is a concern with regard to their safety.

115.42 (e): 14-2 Sexual Abuse Prevention and Response, page 14, indicates that transgender and intersex inmate/detainee gender self-identification of safety needs shall be given serious consideration in all housing and programming assignments. The Human Rights Policy Statement indicates on page 1 that CoreCivic policy includes protection for freedom of expression and identity, including freedom from discrimination or harassment based on race, religion, national origin, sex, gender, sexual orientation, disability or political views and freedom of personal grooming. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. The interview with the transgender inmate indicated that she was not asked about her safety with regard to housing and programming assignments.

115.42 (f): 14-2 Sexual Abuse Prevention and Response, page 17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 8 indicate that transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees. Facilities should adopt procedures that will afford transgender and intersex inmate/detainees the opportunity to disrobe, shower and dress apart from other inmate/detainees. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are provided the opportunity to shower separately. The PCM stated that they meet with any transgender or intersex inmate to determine

their preference. She indicated that they have the ability to be escorted to medical to shower in a private single shower or they can shower in the housing units, which have curtains. The interview with the transgender inmate indicated she was afforded the opportunity to shower separately. She stated that she is afforded the opportunity to shower in medical. During the tour it was observed that the shower in medical is a single person shower with privacy via a solid metal door with a small security window.

115.42 (g): 14-2 Sexual Abuse Prevention and Response, page 15 states that the establishment of a unit, pod or wing solely dedicated to the house of LGBTI and/or gender non-conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority. A review of housing assignments for the two identified LGBTI inmates indicated they were both assigned to 200D housing unit, however this was not due to their LGBTI orientation/identity but rather based on classification. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that it is contrary to CoreCivic policy to place LGBTI inmates together in one dedicated unit. He stated that housing decision are made at the facility level using the screening forms to assess risk. The interviews with LGBTI inmates indicated that neither felt that LGBTI inmates were placed in any specific housing unit based on their sexual preference and/or gender identity. It should be noted that the facility does not track LGB inmates and when the auditor asked the one identified LGB inmate if he was aware of any other LGB inmates he indicated it was not his business to identify any of them and he did not feel comfortable doing so.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, the Human Rights Policy Statement, a sample of housing determinations, 14-9A Transgender/Intersex Assessment and Treatment Plan forms, transgender/intersex inmate biannual reviews, LGBTI inmate housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to require corrective action. The auditor requested documentation related to housing, work and programming assignments for inmates at high risk of victimization and at high risk of abusiveness to determine if placements are based on the risk assessment. The facility did not provide the requested documented at the issuance of the interim report. Additionally, the interview with the PREA Compliance Manager indicated that risk screening information is utilized to determine if an individual is a possible aggressor or possible victim. This information is then used to make sure inmates are housed appropriately. She stated they do not mix victims with aggressors in cell houses and in open dorms. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized for housing purposes. She stated they do not house a victim with a perpetrator. When probed about program and work assignments, the staff stated that they do not use the information for program and

work because that would mean they are being biased. She stated there are staff supervisors in most jobs and that while she may look at the risk screening when assigning job and program assignments it is not a conscious determination.

Corrective Action

Appropriate staff will need to be trained on the requirement of utilizing the risk screening information to determine job and programming assignments. Copies of the training will need to be provided to the auditor. Updated high risk victimization and high risk perpetrator lists will need to be provided to the auditor with current housing assignment and job/program assignment.

Recommendation

The auditor recommends that the facility train appropriate staff on the requirements under this standard related to transgender and intersex inmates.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Records
2. High Risk Lists with Housing and Job/Program Assignments

On March 29 2023 the facility provided the auditor with training records confirming that facility staff were trained on numerous dates from January to March on the process for utilizing the risk screening information for assigning housing, work, program and education assignments.

	<p>During the corrective action period the facility indicated that the staff interviewed and the staff who provided the demonstration (same staff member) was not a staff member who completes the risk screening, but rather the supervisor. The facility indicated that they spoke to the staff who conduct the risk screening and the staff confirmed that they do a file review and that they utilize information from the file review when the inmate response is different from the inmate file information. The staff further stated that the training was also conducted just as a reminder to all staff, including the supervisor. The facility further indicated that since risk screening staff were conducting them appropriately there were no issues identified with current risk assessments.</p> <p>On May 3, 2023 the facility provided an updated high risk victimization list and a high risk of abusiveness list. The documentation included housing assignments, job assignments and program assignments. The auditor confirmed that the risk screening information was utilized to keep those at high risk of victimization separate from those at high risk of abusiveness in housing, work, job and program assignments. Inmates at high risk of victimization were not housed in the same cell as inmates at high risk of abusiveness and were not placed in job, program or education assignments together unsupervised.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management 4. Memorandum Related to Inmate Placed in Segregated Housing 5. Housing Assignments of Inmates at High Risk of Victimization <p>Interviews:</p>

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation 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. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/ Restrictive Housing Unit Management, page 18, state that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The PAQ and the memo from the facility indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in segregation due to their risk of victimization. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of 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.

115.43 (b): 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmates/ detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. The interviews with the staff who supervise inmates in segregated housing indicated that

any inmates placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible. He stated that any restrictions would be documented. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed. During the tour he observed that the segregated housing unit had a medical room and a separate recreation area. Inmates in segregated housing have phone access twice a month and have access to their tablets. The painted hotline number was observed in English and Spanish, however no other information was observed. Additionally, it was observed that inmates in segregated housing do not have access to the mail and request drop boxes in the sally port of the housing unit building.

115.43 (c): 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated the only reason for them to be placed in segregated housing would be if they request to be housed there or there is a reasonable safety issue for that person and both instances would have to be well documented. The Warden stated that involuntary segregation would typically be seven days or less as they are required to complete an investigation within seven days. The interview with the staff who supervise inmates in segregated housing indicated that the inmate would only be involuntarily segregated until they could find alternative housing. He indicated that the length of time would ordinarily not be longer than a week and he has never experienced that situation. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): 14-2 Sexual Abuse Prevention and Response, page 15 states if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/ Restrictive Housing Unit Management, page 18, state that every 30 days a review of

	<p>each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise inmates in segregated housing confirmed that inmates in segregated housing would be reviewed at least every 30 days.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 10-1 Special Management/Restrictive Housing Unit Management, housing assignments for inmates at high risk of victimization, observations from the facility tour related to segregation areas as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Inmate Handbook 4. PREA Posters 5. PREA Reporting and Advocacy Poster 6. The Ethics Line Poster 7. 14-2AA PREA Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Compliance Manager 2. Interview with Random Staff 3. Interview with Random Inmates <p>Site Review Observations:</p>

1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 14-2 Sexual Abuse Prevention and Response, page 17 states that 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. Policy further states that 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: verbally to any employee, including the facility Chaplain; submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call; calling the facility 24 hour toll free phone number; forwarding a letter, sealed and marked confidential to the Warden or any other employee; calling or writing someone outside the facility who can notify facility staff; contacting the facility PCM and electronically reporting allegations to the PREA mailbox in the CORES system (where available). Additionally, at Jenkins CF policy states inmates/detainees may report by dialing *7732 (*PREA) on the inmate telephone (this is the GDC PREA reporting hotline) or electronically using the GOAL device to PREA.REPORT@GDC.GA.GOV, in lieu of C-ORES system. A review of additional documentation to include the inmate handbook and PREA posters, indicates that there are multiple ways for inmates to report. These methods include; by dialing 1-8-7732, by verbally or in writing reporting to any staff member, the GDC Office of Internal Affairs, the GDC PREA Coordinator and the Office of Investigations and Compliance Inmate Affairs & Ombudsman. The PREA pamphlet also advises inmates they can report to any staff, volunteer, contractor, chaplain, medical or mental health staff, by telling a family member, friend or anyone else outside the facility who can report on their behalf by calling the facility, by calling the PREA hotline number, by calling the number posted to an agency outside of the facility (you can remain anonymous upon request) and by reporting on someone's behalf or someone at the facility can report on their behalf. The auditor observed the hotline reporting number painted in most of the housing units (with the exception of two living unit in the 100 building). The painted information was in both English and Spanish and was adequate size for vision impaired inmates. A few of the housing units had regular paper size posters either on the wall or in a flex style folder on the wall. The posters were in English and Spanish, however they were not adequate for vision impaired inmates. The regular paper size posters were not consistently found in the units in the flex folders or on the walls or bulletin boards. The posted information

included only one method of reporting (the hotline). One housing unit had the outside reporting entity posted on a regular paper size poster in English only. Information was also observed in the intake area and visitation, however it was only information on the hotline. The auditor did not observe PREA information in common areas or other areas around the facility. There were however, a few posters in the administration area directing staff on how to report to the Ethics Line. The auditor observed the PREA Brochure and the GDC Inmate Handbook was available on the inmate tablet system. Both documents were accessible in English and Spanish. The auditor observed that the hotline number that was painted on the walls was different from the hotline number that was in the GDC Inmate Handbook and in the Jenkins Correctional Facility Inmate Handbook. The painted information advised inmates to report by dialing 1-8-7732 (for English) or 2-8-7723 (for Spanish), while the information in the literature stated they could report by dialing *7732. The auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. This poster was observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the Jenkins Correctional Facility Inmate Handbook. Informal conversation with staff and inmate confirmed that the painted PREA information has been posted for quite some time. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in the sally port of each housing building. Each drop box is locked and mailroom staff collect the mail. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. Request forms are available by request through staff. Inmates in segregated housing are provided out of cell time via recreation and showers. Inmates in segregated housing are required to provide outgoing mail and requests to staff to place in the appropriate boxes outside of the housing unit. The interview with the mailroom staff indicated that outgoing mail is picked up by the mailroom staff from the boxes around the facility. The mail is stamped to show that it is coming from a correctional facility. The staff stated the mail is not opened or monitored and that return information is required to be on the envelope, including GDC number. The mail room staff stated that letters to the victim advocacy organization and the outside reporting entity do not require return information or postage. The mail room staff further stated that incoming mail is opened and scanned and all general correspondence is copied and the copy is given to the inmate. She stated legal mail is verified and delivered to the inmate by staff. Inmates are required to open the mail in front of staff to confirm it does not contain contraband. The mail room staff confirmed that mail from the victim advocacy organization and the outside reporting entity is treated like legal mail. The auditor called the PREA hotline (GDC) and left a message to test functionality. Inmates are able to choose an English or Spanish line before they report. The auditor tested both lines to ensure that both languages were functionable. The auditor received confirmation the same day the call was placed (November 15, 2022) that the call was received. A copy of the email that was forwarded from GDC to the facility was provided to the auditor to serve as confirmation. Inmates have access to the phones most of the day, with the exception of count time. The PREA hotline is

accessible on all inmate phones and does not require a pin number. Inmates are also able to report in writing to staff via an inmate request. The auditor had an inmate assist with filling out an inmate request. The inmate was required to ask the staff member for a request form. Once filled out, the auditor dropped the request in the drop box in the sally port of the housing unit (on November 15, 2022). The auditor was provided confirmation the following day that the request was received. A copy of the request was provided to the auditor as confirmation. All inmates also have access to tablets, including those in segregation. Tablets provide information in English and Spanish and have accommodations for hearing and vision impaired inmates. During the tour the auditor had an inmate illustrate what was functionable on the inmate tablet system. The auditor observed there was not a reporting mechanism via the tablets, but there was PREA information (including the GDC Inmate Handbook and a PREA Brochure). Both staff and inmates indicated that they could report information via the kiosk. The auditor had an inmate demonstrate the reporting mechanism on the kiosk. While there was a PREA option to send to on the email, when the inmate attempted to test the mechanism but it was not a functional email. The inmate received an error message and was not able to compose an email to the PREA email address. Interviews with 41 inmates indicated all 41 knew at least one method to report an allegation of sexual abuse or sexual harassment. Most stated they could report by in writing, on the phone, on the kiosk or through a third party (mother). The fifteen random staff interviewed stated that inmates can report through letters, the kiosk, tablets, the phone number and verbally to staff.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. 14-2 Sexual Abuse Prevention and Response, pages 18-19 state that each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public entity or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request. The policy also indicates that Jenkins County Sheriff's Department is the non-CoreCivic and non-contracting agency reporting mechanism or process (including anonymous). A review of the inmate handbook and 14-2AA PREA pamphlet indicated there was not information related to the outside reporting entity or the ability to remain anonymous. A review of one of the PREA posters indicated that the outside reporting entity is the Office of Victim Services State Board of Pardons and Paroles. Inmates are advised that they can report sexual abuse or sexual harassment to an agency that is not part of CoreCivic or the GDOC. They are provided the mailing address and are also advised that they can remain anonymous upon request and that all reports will be referred for investigation. The auditor observed the hotline reporting number painted in most of the housing units (with the exception of two living unit in the 100 building). The painted information was in both English and Spanish and was adequate size for vision impaired inmates. A few of the housing units had regular paper size posters either on the wall or in a flex style folder on the wall. The posters were in English and Spanish,

however they were not adequate for vision impaired inmates. The regular paper size posters were not consistently found in the units in the flex folders or on the walls or bulletin boards. The posted information included only one method of reporting (the hotline). One housing unit had the outside reporting entity posted on a regular paper size poster in English only. Information was also observed in the intake area and visitation, however it was only information on the hotline. The auditor did not observe PREA information in common areas or other areas around the facility. There were however, a few posters in the administration area directing staff on how to report to the Ethics Line. The auditor observed the PREA Brochure and the GDC Inmate Handbook was available on the inmate tablet system. Both documents were accessible in English and Spanish. The auditor observed that the hotline number that was painted on the walls was different from the hotline number that was in the GDC Inmate Handbook and in the Jenkins Correctional Facility Inmate Handbook. The painted information advised inmates to report by dialing 1-8-7732 (for English) or 2-8-7723 (for Spanish), while the information in the literature stated they could report by dialing *7732. The auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. This poster was observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the Jenkins Correctional Facility Inmate Handbook. Informal conversation with staff and inmate confirmed that the painted PREA information has been posted for quite some time. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in the sally port of each housing building. Each drop box is locked and mailroom staff collect the mail. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. Request forms are available by request through staff. Inmates in segregated housing are provided out of cell time via recreation and showers. Inmates in segregated housing are required to provide outgoing mail and requests to staff to place in the appropriate boxes outside of the housing unit. The interview with the mailroom staff indicated that outgoing mail is picked up by the mailroom staff from the boxes around the facility. The mail is stamped to show that it is coming from a correctional facility. The staff stated the mail is not opened or monitored and that return information is required to be on the envelope, including GDC number. The mail room staff stated that letters to the victim advocacy organization and the outside reporting entity do not require return information or postage. The mail room staff further stated that incoming mail is opened and scanned and all general correspondence is copied and the copy is given to the inmate. She stated legal mail is verified and delivered to the inmate by staff. Inmates are required to open the mail in front of staff to confirm it does not contain contraband. The mail room staff confirmed that mail from the victim advocacy organization and the outside reporting entity is treated like legal mail. The auditor also tested the outside reporting mechanism by sending a letter to the Office of Victim Services. A letter was sent on November 16, 2022 via the U.S. mail. The auditor received paper and an envelope from staff. The auditor dropped the letter (without postage) at the mailroom. On November 22, 2022 the auditor received confirmation that the letter was received by OVS and was

forwarded to GDC who forwarded the letter to the facility. The auditor was provided a copy of the letter and the OVS indicated in the email that was forwarded that inmates are able to remain anonymous upon request. Inmates in segregated housing are able to provide written information (such as letters to OVS) to staff to place in the drop boxes. While this is not completely anonymous, letters are sent to OVS on multiple topics and staff do not open or read the sealed letters provided by the inmates. The interview with the PCM indicated that inmates receive a pamphlet with the outside reporting information and the information is also in the handbook which they receive at intake. She stated there is a phone number they can call for the Teal House. She stated when the agency receives the information they forward it to the Warden who then forwards it to her. Interviews with 41 inmates indicated five were aware of the outside reporting mechanism and 26 knew they could report anonymously.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 14-2 Sexual Abuse Prevention and Response, page 17 states that 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. Policy further states that 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: verbally to any employee, including the facility Chaplain; submitting a request to meet with medical or mental health staff and/or reporting to medical staff during sick call; calling the facility 24 hour toll free phone number; forwarding a letter, sealed and marked confidential to the Warden or any other employee; calling or writing someone outside the facility who can notify facility staff; contacting the facility PCM and electronically reporting allegations to the PREA mailbox in the CORES system (where available). Additionally, at Jenkins CF policy states inmates/detainees may report by dialing *7732 (*PREA) on the inmate telephone (this is the GDC PREA reporting hotline) or electronically using the GOAL device to PREA.REPORT@GDC.GA.GOV, in lieu of C-ORES system. The facility provided examples via the PAQ supplemental documents to illustrate that staff are required to document verbal reports via an incident report. Interviews with 41 inmates confirmed that 40 knew they could report verbally and/or in writing to staff and 36 knew they could report through a third party. When probed about verbally reporting, most indicated that they believed the allegation would be taken seriously. Interviews with fifteen staff indicate inmates can report verbally, in writing, anonymously and through a third party. Fourteen staff stated inmates could report in writing, fourteen stated they could report through a third party and fourteen stated they could report anonymously. All fifteen staff stated that if they received a verbal report they would document it immediately/as soon as possible. A review of the investigation log and eleven investigative reports indicated that eleven allegations were reported verbally,

three were reported in writing, three were reported via the GDC hotline and one was reported via a third party. All allegations were documented via the serious incident log electronically, through witnesses statements and/or through inter-office communication reports by staff. Additionally during the tour, the auditor also asked staff to advise how they submit a written report. Staff stated that all staff complete incident statements which can be written or typed. The forms are available in each housing unit officer's station and on each computer. The staff indicated that Shift Supervisor completes a report and attaches all staff statements to the report. Staff indicated they turn their incident statements to the Shift Supervisor.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated that staff can report through the CoreCivic Ethics Hotline. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment to the CoreCivic 24-hour Ethics line at 1-800-461-9330. Interviews with fifteen staff indicate all fifteen were aware that they can privately report sexual abuse and sexual harassment of inmates. Most stated they could report to the Warden and/or supervisor directly or they could report through the Ethics Line. Most staff were aware that they could report outside their chain of command.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the inmate handbook, PREA posters, the Ethics line poster, the 14-2AA PREA pamphlet, observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to require corrective action. Interviews with 41 inmates indicated five were aware of the outside reporting mechanism and 26 knew they could report anonymously. During the tour the auditor observed minimal information posted related to reporting mechanism. The PREA hotline was the only consistent information that was observed in most areas. Further the number for the hotline was not consistent across all documents. The provided literature indicated one way while the painted information indicated another. The auditor observed the outside reporting entity information in one housing unit only. The interview with the PCM indicated that she was unaware of the correct outside reporting entity and the information that is provided to the inmates is the victim advocacy information under 115.53, which is not a reporting mechanism. Additionally, inmates in segregated housing are provided adequate methods to report sexual abuse, phones are only accessible twice a month and all written information (to include to the outside reporting entity) is required to be handed to staff to place in the drop box.

Corrective Action

Current documents/literature will need to be update to be consistent and have appropriate PREA information. This information should also be placed in each housing unit in large font and in English and Spanish. This information should include the outside reporting entity and how to report anonymously to this organization. The PCM as well as other applicable staff should be trained on the outside reporting entity to ensure all staff can advise inmates of this method to report or direct them to this reporting method, if needed. Training records will need to be provided to the auditor comes complete. All current inmates as well as future inmates will need to be provided education on the outside reporting entity and the ability to remain anonymous. Documentation will need to be provided to the auditor that the current inmate population was reeducated. Additionally, a process memo will need to be provided on how all future inmates will be educated on this information. Additionally, the tablets and kiosk are not functional reporting mechanisms at Jenkins CF and staff/ inmates should be informed of this and educated on proper reporting channels.

Recommendation

While the agency provides an outside reporting entity, inmates are required to utilize their own paper and envelopes. The auditor recommends that the agency provide forms and pre-addressed envelopes related to the outside reporting entity to all inmates through either distribution upon arrival in a packet or through another method, such as in the library or in the resource area of each housing unit.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Inmate Handbook
2. Updated PREA Posters
3. Photos of Posters in Housing Units
4. Photos of Outside Reporting Mechanism and Victim Advocacy Posters
5. Memorandum Related to Reporting via Tablets and Kiosk

6. Staff Training Records

The facility provided the updated PREA Poster which included directions on how to report to the hotline (1-8-7732 for English or 2-8-7732 for Spanish). Additionally, the facility provided the Outside Reporting Mechanism and Victim Advocacy Poster. This poster indicated that the outside reporting entity is the Office of Victim Services State Board of Pardons and Paroles. Inmates are advised that they can report sexual abuse or sexual harassment to an agency that is not part of CoreCivic or the GDOC. They are provided the mailing address and are also advised that they can remain anonymous upon request and that all reports will be referred for investigation. Photos of the updated PREA Posters and the Outside Reporting Mechanism and Victim Advocacy Poster throughout the housing units were provided to the auditor on May 3, 2023. The posting of the information confirmed that all current inmates were provided the information and educated on the updates.

The auditor was also provided a copy of the updated Inmate Handbook. The Inmate Handbook included three pages of PREA information (pages 29-31). The Inmate Handbook described the facility's zero tolerance policy, included the definitions of sexual abuse and sexual harassment, had information on how to report (to include the accurate numbers for the hotline as referenced above on the updated PREA Poster), the outside reporting mechanism, the facility's response to sexual assault, information on the outside victim advocate and tips for avoiding sexual abuse.

On May 17, 2023 the facility provided a memorandum that was posted for the inmate population as well as for the staff that advised them that the tablets and kiosk are not currently functional reporting mechanisms for sexual abuse and sexual harassment to GDC.

On March 9, 2023 the facility provided training documentation confirming staff were trained on numerous dates from January through March on the different reporting mechanisms for inmates, including the internal hotline and the external mechanism. This training was utilized for intake staff to ensure that they advised future inmates of the reporting mechanisms.

Based on the documentation provided the facility has corrected this standard and as such is compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Georgia Department of Corrections Policy 227.02 Statewide Grievance Procedure
4. Grievance Log
5. Sample Grievances

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment 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 for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (b): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment 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 for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded

to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (c): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment 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 for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program. A review of the grievance log and twelve sample grievances confirmed none were sexual abuse.

115.52 (d): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment 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 for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (e): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment 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 for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (f): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment 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 for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

115.52 (g): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment 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 for investigation and reporting in accordance with this policy. Georgia Department of Corrections Policy 227.02, page 5 indicates that sexual abuse and sexual harassment shall be forwarded to the institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06, Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and the Georgia Department of Corrections Policy 227.02 indicates that this provision is not applicable and as such compliant.

115.53**Inmate access to outside confidential support services**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 14-2AA PREA Pamphlet
4. Inmate Handbook
5. PREA Posters
6. PREA Reporting & Victim Advocacy Poster
7. The Teal House Informational Documents
8. Memorandum of Understanding with Teal House Sexual Assault Center

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Victim Advocate

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. 14-2 Sexual Abuse Prevention and Response, page 9 states that inmates shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. The MOU with Teal House Sexual Assault Center indicates that Teal

House Sexual Assault Center agrees provide a sexual abuse/assault crisis line number and mailing address that may be posted throughout the facility and in written resources given to residents. Additionally, they agree to provide residents calling the hotline with information to the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU also states that Teal House Sexual Assault Center will take appropriate steps to ensure that residents with disabilities or who are LEP have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The MOU also indicates that CoreCivic agrees to post the sexual abuse/assault crisis hotline number and mailing address throughout the facility and in written resources provided to inmates/ detainees and that services will be at no cost to residents of the facility. A review of the inmate handbook, 14-2AA pamphlet and PREA poster indicated victim advocacy contact information was not contained in the documents. A review of the reporting and victim advocacy poster indicated that it did contain information on the Teal House. The poster advised inmates that they could obtain confidential emotional support from an outside victim advocate by writing to the mailing address. It further advised that they could utilize the Teal House crisis hotline and to contact a member of the unit staff to coordinate setting up a call. The poster advises that calls to the crisis hotline are not monitored or recorded. This information was consistent with the method tested during the on-site portion of the audit. The facility also provided informational documentation on the Teal House that advises the crisis line is available 24 hours a day, seven days a week and anyone who has ever been sexually assaulted at any time in their life is eligible for services. The document advises that all services are confidential and free of charge and services include the 24 hour crisis line, medical accompaniment for forensic medical exams. Information and referral to community resources, advocacy and legal support and accompaniment. During the tour the auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. The poster and brochure were observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the facility inmate handbook. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in the sally port of each housing building. Each drop box is locked and mailroom staff collect the mail. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. Request forms are available by request through staff. Inmates in segregated housing are provided out of cell time via recreation and showers. Inmates in segregated housing are required to provide outgoing mail and requests to staff to place in the appropriate boxes outside of the housing unit. The interview with the mailroom staff indicated that outgoing mail is picked up by the mailroom staff from the boxes around the facility. The mail is stamped to show that it is coming from a correctional facility. The staff stated the mail is not opened or monitored and that return information is required to be on the envelope, including GDC number. The mail room staff stated that letters to the victim advocacy organization and the outside reporting entity do not require return

information or postage. The mail room staff further stated that incoming mail is opened and scanned and all general correspondence is copied and the copy is given to the inmate. She stated legal mail is verified and delivered to the inmate by staff. Inmates are required to open the mail in front of staff to confirm it does not contain contraband. The mail room staff confirmed that mail from the victim advocacy organization and the outside reporting entity is treated like legal mail. The auditor tested the victim advocacy hotline during the tour. The auditor had an inmate assist with calling the hotline number. The inmate was required to enter his pin, however the call was a collect call and was free for the inmate. The auditor reached a live person who advised that there are counselors available to provide services 24 hours a day. The victim advocate stated they are able to accommodate LEP and disabled inmates. Interviews with 41 inmates indicated eleven were aware of outside emotional support services and five (including the five inmates who reported sexual abuse) were provided a mailing address and telephone number to a local, state or national rape crisis center. None of the five inmate who reported sexual abuse indicated they were provided a telephone number or mailing address. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 14-2 Sexual Abuse Prevention and Response, page 9 state that inmates shall be informed, prior to giving them access, of the extent to which such communication shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. It further states that consistent with applicable laws and emotional support services provider policy, information shall be reported to the facility without the inmate's consent, in the event the inmate 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or 4) threatens the security of the facility or to escape. The MOU with Teal House Sexual Assault Center indicates that Teal House Sexual Assault Center agrees provide a sexual abuse/assault crisis line number and mailing address that may be posted throughout the facility and in written resources given to residents. Additionally, they agree to provide residents calling the hotline with information to the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The MOU also states that Teal House Sexual Assault Center will take appropriate steps to ensure that residents with disabilities or who are LEP have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The MOU also indicates that CoreCivic agrees to post the sexual abuse/assault crisis hotline number and mailing address throughout the facility and in written resources provided to inmates/detainees and that services will be at no cost

to residents of the facility. A review of the inmate handbook, 14-2AA PREA pamphlet and PREA poster indicated victim advocacy contact information was not contained in the documents. A review of the reporting and victim advocacy poster indicated that it did contain information on the Teal House. The poster advised inmates that they could obtain confidential emotional support from an outside victim advocate by writing to the mailing address. It further advised that they could utilize the Teal House crisis hotline and to contact a member of the unit staff to coordinate setting up a call. The poster advises that calls to the crisis hotline are not monitored or recorded. 14-2AA PREA pamphlet does state that calls made to community agency/rape crisis center PREA hotline numbers are not monitored or recorded. Information that is provided to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. It continues by stating that there are, however, certain situations and conditions under which staff from these agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. During the tour the auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. The poster and brochure were observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the facility inmate handbook. During the tour the auditor observed that inmates are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in the sally port of each housing building. Each drop box is locked and mailroom staff collect the mail. None of the drop boxes were specific to sexual abuse or sexual harassment allegations. Inmates have the ability to purchase writing materials through commissary and the facility has a policy for indigent inmates. Request forms are available by request through staff. Inmates in segregated housing are provided out of cell time via recreation and showers. Inmates in segregated housing are required to provide outgoing mail and requests to staff to place in the appropriate boxes outside of the housing unit. The interview with the mailroom staff indicated that outgoing mail is picked up by the mailroom staff from the boxes around the facility. The mail is stamped to show that it is coming from a correctional facility. The staff stated the mail is not opened or monitored and that return information is required to be on the envelope, including GDC number. The mail room staff stated that letters to the victim advocacy organization and the outside reporting entity do not require return information or postage. The mail room staff further stated that incoming mail is opened and scanned and all general correspondence is copied and the copy is given to the inmate. She stated legal mail is verified and delivered to the inmate by staff. Inmates are required to open the mail in front of staff to confirm it does not contain contraband. The mail room staff confirmed that mail from the victim advocacy organization and the outside reporting entity is treated like legal mail. The auditor tested the victim advocacy hotline during the tour. The auditor had an inmate assist with calling the hotline number. The inmate was required to enter his pin, however the call was a collect call and was free for the inmate. The auditor reached a live person who advised that there are counselors available to provide services 24 hours a day. The victim advocate stated they are able to accommodate LEP and

disabled inmates. Interviews with 41 inmates indicated eleven were aware of outside emotional support services and five (including the five inmates who reported sexual abuse) were provided a mailing address and telephone number to a local, state or national rape crisis center. None of the five inmate who reported sexual abuse indicated they were provided a telephone number or mailing address. The few inmates who stated they were provided contact information stated they were not sure of when to contact, if it was free and level of confidentiality.

115.53 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. 14-2 Sexual Abuse Prevention and Response, page 8 states that CoreCivic shall maintain, or attempt to enter into, Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide inmates with confidential emotional support services. Additionally, it states that all MOUs must be reviewed and approved by the CoreCivic Legal Department prior to signature. The facility and Legal shall maintain copies of the MOUs. A review of documentation indicated the facility has an MOU with Teal House Sexual Assault Center that was signed on June 14, 2022.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the 14-2AA PREA Pamphlet, the MOU with the Teal House, the inmate handbook, the reporting and victim advocacy poster, PREA posters, observations from the facility tour and information from interviews with random inmates, inmates who reported sexual abuse and the staff member from the Teal House, this standard appears to require corrective action. During the tour the auditor observed the victim advocacy information (Teal House) posted in two housing units. One housing unit had a brochure and the other had the outside reporting entity and the rape crisis center information. The poster and brochure were observed in English only on regular size paper. Victim advocacy information was not observed in the GDC Inmate Handbook or the facility inmate handbook. Additionally, the information contained on the outside reporting entity and victim advocacy poster was not consistent with the method tested by the auditor. The poster stated to contact staff to make the call but the number was accessible from the inmate phones. Interviews with 41 inmates indicated eleven were aware of outside emotional support services and five (including the five inmates who reported sexual abuse) were provided a mailing address and telephone number to a local, state or national rape crisis center. None of the five inmate who reported sexual abuse indicated they were provided a telephone number or mailing address. Additionally, inmates in segregated housing only have access to the phones twice a month and all outgoing correspondence is required to be given to staff to place in the drop box.

Corrective Action

The facility will need to ensure victim advocacy information is posted in each housing unit and that it is the correct directions on how to contact the organization. Information include if the call is free and whether it is recorded. Additionally, information related to mail sent to the victim advocacy organization should be provided to the inmates as well. The updated information will need to be provided to the auditor as well as photos of the posted information. All current inmates and all future inmates will need to be educated on the victim advocacy contact information as well as how to contact, cost and mandatory reporting laws. A copy of the education of all current inmates will need to be provided to the auditor as well as a process memo on how all future inmates will be educated on this information.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Inmate Handbook
2. Updated PREA Posters
3. Photos of Posters in Housing Units
4. Photos of Outside Reporting Mechanism and Victim Advocacy Posters
5. Staff Training Records

The facility provided the Outside Reporting Mechanism and Victim Advocacy Poster. The poster contains information on the Teal House. The poster advised inmates that they could obtain confidential emotional support from an outside victim advocate by writing to the mailing address. It further advised that they could utilize the Teal House crisis hotline and to contact a member of the unit staff to coordinate setting up a call. The poster advises that calls to the crisis hotline are not monitored or recorded. Photos of the Outside Reporting Mechanism and Victim Advocacy Poster throughout the housing units were provided to the auditor on May 3, 2023. The posting of the information confirmed that all current inmates were provided the information and educated on the updates.

	<p>The auditor was also provided a copy of the updated Inmate Handbook. The Inmate Handbook included three pages of PREA information (pages 29-31). The Inmate Handbook described the facility’s zero tolerance policy, included the definitions of sexual abuse and sexual harassment, had information on how to report (to include the accurate numbers for the hotline as referenced above on the updated PREA Poster), the outside reporting mechanism, the facility’s response to sexual assault, information on the outside victim advocate and tips for avoiding sexual abuse.</p> <p>On March 9, 2023 the facility provided training documentation confirming staff were trained on numerous dates from January through March on confidential support services through the Teal House. This training was utilized for intake staff to ensure that they advised future inmates of the reporting mechanisms.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. The Ethics Line Poster <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated the method is through the 24 hour Ethics Line or through the agency website. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteer, and interested parties may report allegation of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics Line at 1-800-461-9330 or through www.corecivic.com/ethicsline. A review of the agency’s website confirms that third</p>

	<p>parties can report via the phone number or the weblink above. The agency website and third party reporting information and direction is found at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea. On November 3, 2022 the auditor completed a report through the ethics line website. The auditor immediately received an email from the Director of Ethics and Compliance indicating that the report was received. The auditor was copied on an email to the facility leadership related to the test. The facility leadership responded indicating they received the test report. The Director of PREA Compliance and Investigations also responded and indicated that she would track the case and schedule a call to discuss the investigation. During the tour the auditor observed the Ethics Line Poster in visitation and the front entrance of the facility.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and the agency's website this standard appears to be compliant.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. 2010 Georgia Code 30-5-8 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Medical and Mental Health Staff 3. Interview with the Warden 4. Interview with the PREA Coordinator <p>Findings (By Provision):</p>

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 14-2 Sexual Abuse Prevention and Response, page 19 and the Policy Change Notice state that in accordance with this policy, all staff, including employees, contractors and volunteers are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are to report all such incidents whether or not they occurred in a facility that is part of CoreCivic. Interviews with fifteen staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 14-2 Sexual Abuse Prevention and Response, page 19 states that apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse reported to anyone other than to the extent necessary and as specified in policy, to make treatment, investigation and other security and management decision. Interviews with fifteen staff confirm that they would immediately report the information to their supervisor and medical/mental health care staff.

115.61 (c): 14-2 Sexual Abuse Prevention and Response, page 19 states that unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outline in policy. 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. Interviews with medical and mental health care staff confirm that they disclose limitations of confidentiality and their duty to report. Both staff stated they are required to report any knowledge, suspicion and information related to sexual abuse and sexual harassment that occurred in an institutional setting. One of the two staff indicated she had previously become aware of such incidents and immediately reported the information to security.

115.61 (d): 14-2 Sexual Abuse Prevention and Response, page 19 states that If an

alleged victim is under the age of eighteen or is considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency or applicable contracting governmental agency. 2010 Georgia Code 30-5-8 outlines the criminal offenses and penalties for the intent to abuse, neglect or commit exploitation of any disabled adult. The interview with the PC indicated that each state has its own laws and reporting requirements. He stated in most of the facilities a notification to law enforcement and a partner agency triggers the notification to any other agency as required. The interview with the Warden indicated that they do not house anyone under the age of eighteen and he was not certain about mandatory reporting related to vulnerable adults. It should be noted that GDC conducts criminal investigations and all mandatory reporting would be completed through GDC.

115.61 (e): 14-2 Sexual Abuse Prevention and Response, page 19 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Additionally, page 19 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. The interview with the Warden confirmed that all allegations of sexual abuse or sexual harassment would be reported directly to the facility investigator. A review of the investigation log and eleven investigative reports indicated that eleven allegations were reported verbally, three were reported in writing, three were reported via the GDC hotline and one was reported via a third party. All allegations were reported to the facility investigator.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.

Recommendation

The auditor recommends that all administrative level staff be educated on applicable mandatory reporting laws.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview Facilitator Guide
4. First Responder Card
5. Memorandum Related to Imminent Sexual Abuse

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 14-2 Sexual Abuse Prevention and Response, pages 19 and 21 state that when it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. The PAQ and the memo noted that there have been zero inmates were subject to substantial risk of imminent sexual abuse within the previous twelve months. A review of the First Responder Card and PREA Overview Facilitator Guide training indicates that staff are provided information on responding to sexual abuse and sexual harassment, including what protective actions to take (i.e. separating the individuals). The interview with the Agency Head Designee indicated that staff take immediate action when they learn that an inmate is subject to substantial risk of imminent sexual abuse. He stated staff would protect inmates by removing the inmate from the area and/or individuals where risk may be stemming from and an investigation would be immediately initiated. The Warden stated that the facility has a vulnerability pod (housing unit) where they could place the individual. He stated they try to place vulnerable individuals in the smaller pods. He confirmed that they would take immediate action and find appropriate housing for the individual. Interviews with fifteen staff confirmed that if an inmate was at imminent risk of sexual abuse they separate the individuals and report the information to the supervisor.

	<p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the memo related to imminent sexual abuse, First Responder Card, PREA Overview Facilitator Guide and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports 4. Warden to Warden Notification Email <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility</p>

shall document that it has provided such notification through the 5-1B Notice to Administration. The PAQ indicated there was one allegation received that an inmate was abused while confined at another facility. The PAQ noted that the facility notified the GDC of the reported allegation. A review of the PAQ supplemental documentation confirmed there was one inmate who alleged on July 29, 2022 that he was sexually abused at a GDC facility. The documentation confirmed that GDC was contacted on the same date and provided the information.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. A review of the PAQ supplemental documentation confirmed there was one inmate who alleged on July 29, 2022 that he was sexually abused at a GDC facility. The documentation confirmed that GDC was contacted on the same date and provided the information.

115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. A review of the PAQ supplemental documentation confirmed there was one inmate who alleged on July 29, 2022 that he was sexually abused at a GDC facility. The documentation confirmed that GDC was contacted on the same date and provided the information.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the inmate/detainee was previously confined at the facility, the facility shall record the name of the agency making the notification and any information that may assist in determining whether an investigation was conducted. If

the allegation was not reported and/or not investigated facility staff shall initiate reporting and investigations procedures in accordance with policy. The incident shall be reported through the 5-1 incident report . The PAQ indicated there have been zero inmates who reported to another facility that they were abused at Jenkins CF. The interview with the Agency Head Designee indicated this occurs often at the facility level rather than at the corporate office level. The information is received by the Warden at the facility, however, any staff who receives the information know to report it to the Warden for appropriate action. It then gets added into the incident system and the PREA protocols are initiated. The Agency Head Designee further stated that if an allegation was alleged to have occurred at another facility, the Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was an incident of sexual abuse allegedly occurring within a CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified. He confirmed there are examples of such allegations and that the most common examples are allegations inmates make during their intake process. He stated that the CoreCivic staff obtain as much information as possible from the inmate and provide this to the Warden at the other facility as part of the notification. The interview with the Warden indicated that if they receive a Warden to Warden notification they would initiate a PREA investigation and complete the reporting and investigative requirements. He stated they would get assistance with the facility where it was reported and if the aggressor was still at the facility they would place him/her in segregation. The Warden stated that they have not had any instances where another agency/facility notified them of an allegation of sexual abuse or sexual harassment. A review of eleven investigative reports and the investigative log confirmed none were reported via Warden to Warden notifications and that all were reported either verbally, in writing, anonymously or through a third party to CoreCivic or Jenkins CF staff.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of investigations, the Warden to Warden notification and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. PREA Overview Facilitators Guide

4. 14-2C Sexual Abuse Incident Checklist
5. First Responder Card
6. Incident Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 14-2 Sexual Abuse Prevention and Response, page 21 states that upon learning of sexual abuse, the first security responder is required to complete the following; separate the alleged victim from the alleged abuse and when the alleged abuser is an inmate/detainee, he/she shall be secured in a single cell to facilitate the collection of evidence; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; ensure that the alleged victim is taken to the facility Health Services Department; and notify the highest supervisory authority on-site. Policy also states that while in the Health Services Department, and if the abuse occurred within a time period that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. Additionally, policy states that if the abuse occurred within a time period that allows for the collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. The PREA Overview Facilitators Guide confirmed that all staff are trained on first responder duties, including ensuring the victim does not shower, change clothes, use the restroom or consume fluids; notifying the highest ranking supervisor on site; securing the alleged perpetrator in a cell, file an incident report form, keep the information confidential, and secure the

crime scene. An additional review of the Sexual Abuse Incident Check Sheet confirmed that first responder duties are listed on the checklist for staff to ensure they complete, if appropriate. The PAQ indicated that during the previous twelve months, there have been nine allegations of sexual abuse, all nine which required the first security staff member to separate the alleged victim and abuser. One allegation was reported in a timeframe that still allowed for the collection of physical evidence. The PAQ stated that in all nine reported instances the first responding staff member preserved and protected the crime scene and requested the victim not take any action to destroy physical evidence and ensured the abuser did not take any action that could destroy physical evidence. A review of eleven allegations indicated staff separated individuals when appropriate through housing changes. None involved the need for immediate separation. One allegation was reported within the timeframe that still allowed for evidence collection. The inmate was transported to the local hospital for a forensic medical examination. None of the allegations involved securing a crime scene, however all reviewed included some type of evidence collection during the investigation, to include video, log books, etc. The security first responder stated that would have the individuals stop what they are doing, make sure the victim and perpetrator are separated, secure the scene, make sure the individuals do not shower or change clothes and escort the individuals to medical for a PREA exam. The non-security first responder stated she would first contact security and then if there was a need for evidence preservation she would let security know so they could do that. She also stated she would need to make sure the victim and aggressor are separated. Interviews with inmates who reported sexual abuse indicated that none required first responder duties. Two inmates advised that the alleged perpetrator was not house with them but they were moved to a different housing unit. Three of the five indicated that staff handled the allegation quickly.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 14-2 Sexual Abuse Prevention and Response, page 21 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, and then shall notify security staff. The PAQ noted that there were three times a non-security first responder was the first responder and in all three instances the non-security first responder requested the alleged victim not take any action to destroy physical evidence and notified security. The auditor reviewed eleven allegations confirming none involved a non-security first responder. The security first responder stated that would have the individuals stop what they are doing, make sure the victim and perpetrator are separated, secure the scene, make sure the individuals do not shower or change clothes and escort the individuals to medical for a PREA exam. The non-security first responder stated she would first contact security and then if there was a need for evidence preservation she would let security know so they could do that. She also stated she would need to make sure the victim and aggressor are separated Interviews with fifteen random staff indicated that most were

	<p>knowledgeable on first responder duties. They stated they would secure and separate the victim, secure the scene, take the victim to medical and notify the supervisor and mental health care staff.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitators Guide, the 14-2C Sexual Abuse Incident Checklist, staff First Responder Cards, a review of investigative reports and interviews with random staff and staff first responders, this standard appears to be compliant.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Policy 13-79 Sexual Assault Response Protocol 4. 13-79A Sexual Assault Response Protocol 5. 14-2C Sexual Abuse Incident Check Sheet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. 14-2 Sexual Abuse Prevention and Response, page 20 states that in order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that shall include, but is not limited to; PCM and/or ADO, medical representative, security</p>

	<p>representative, mental health representative and victim services coordinator. The policy is facility specific and outlines specific duties for Jenkins CF. The memo from the Warden indicated that the following staff make up the facility SART; PCM, the SART team coordinator, medical representative, the investigators, mental health representative and a security representative. 13-79 Sexual Assault Response Protocol details facility specific information, additional medical and mental health requirements, additional reporting requirements and facility victim support/ counseling. Additionally, 13-79A Sexual Assault Response Protocol and 14-2C Sexual Abuse Incident Check Sheet contain the requirements for an allegation of sexual abuse as it relates to first responders, Health Services, Shift Supervisors, victim advocates, SANE/SAFE, investigators and the PCM. The Warden confirmed that the facility has a plan and that it includes all the required components.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response Protocol, 13-79A, 14-2C and the interview with the Warden, this standard appears to be compliant.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Collective Bargaining Agreement with the International Union Security, Police, Fire Professionals of American and it's Amalgamated Local 60 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered</p>

into or renewed any collective bargaining agreement or other agreement since the last PREA audit. Documentation indicated that Wheeler CF is not subject to collective bargaining. 14-2 Sexual Abuse Prevention and Response, pages 31-32 state that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreements or other agreements that limits the company's ability to remove alleged employee sexual abusers from contact with any inmate/detainee pending the outcome of an investigation or of a determination of whether to what extent discipline is warranted. The interview with the Agency Head Designee confirmed that CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 20, 2012. He stated that the agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action. Jenkins CF does not have a collective bargaining agreement, however a review of another facilities agreement confirmed that page 9 states that the rights reserved to and retained by the Company (CoreCivic) under this Agreement include, but are not limited to: the right to maintain order and efficiency, to discipline, suspend, or discharge for just cause; to relieve employees of duties.

115.66 (b): The auditor is not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, Collective Bargaining Agreement and the interview with the Agency Head Designee, this standard appears to be compliant.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports 4. 14-2C Sexual Abuse Incident Check Sheet 5. 14-2D PREA Retaliation Monitoring Report <p>Interviews:</p>

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that inmates/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates/detainees or staff. Policy states that the position that will serve as the designated staff person conducting staff 30/50/30 day monitoring is the Chief of Unit Management or the PCM. It further states that the position that will serve as the designated staff person conducting inmate/detainee 30/60/90 day monitoring is the Mental Health Coordinator. The PAQ noted that two Mental Health Coordinators are responsible for monitoring for retaliation.

115.67 (b): 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, it states that ADO staff, or the Warden/Facility Administrator will determine, on a case by case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other inmates/detainees is warranted. This determination will take into account the gravity and credibility of the allegation. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Documentation indicated that there was one instance where a staff member was placed on no contact with the inmate. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated for both inmates and staff who have reported

allegations of sexual abuse, the agency provides monitoring on a 30/60/90 day period (longer if needed) to ensure no retaliation has occurred. He stated the reviews are documented on an attachment to the 14-2 policy. He stated the reviews take into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, evaluations, etc. for staff. He indicated that these reviews also occur for victims of sexual harassment/sexual abuse. Policies and practice prohibit retaliation for any reason and that they include this expectation in training with staff. He stated any violation would be acted upon accordingly. The interview with the Warden indicated that they have a see something stay something policy and that there is a zero tolerance for retaliation. He stated that any retaliation would be reported and investigated. The Warden confirmed that they have the ability to take protective measures including housing changes, removal of staff from contact with the inmate, facility transfers and providing emotional support. The staff responsible for monitoring indicated that her roles involves educating all staff of the zero tolerance policy toward retaliation and ensuring that any reported retaliation is investigated. She stated she also ensures that inmates are educated on what to do if they feel like they are being retaliated against, including reporting it so that it can be investigated and so that they can change their housing, if appropriate. She confirmed they would take protective measures including housing and programming changes, facility transfers, removal of staff from contact and emotional support services. The staff stated monitoring is conducted for 90 days, or more if needed. She stated inmates can also request to see her more often as well. Interviews with five inmates who reported sexual abuse indicated that four felt protected against retaliation.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days or longer, if needed, and that the agency/facility acts promptly to remedy any such retaliation. The PAQ further stated that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 14-2 Sexual Abuse Prevention and Response, pages 24-25 indicate that for at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates/detainees who reported sexual abuse and inmate/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Policy states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, policy states that for at least 90 days (30/60/90) following a report of sexual abuse the

agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are any changes that may suggest possible retaliation by inmates/ detainees or other staff. All monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form. Retaliation monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports and reassignments. Additionally, emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. 14-2 Sexual Abuse Prevention and Response also states that the facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the facility determines that the allegation is unfounded. The Warden indicated that if an allegation of retaliation was reported or suspected that they would investigate it, lock up the perpetrator and hold individuals accountable through retaliation. The interview with the staff member responsible for retaliation for retaliation indicated she tries to make sure individuals are as comfortable as possible when she is reviewing them for retaliation. She stated she provides a safe place and observes body language and eye contact to determine if there is any retaliation. Additionally, she said she asks open ended questions. She confirmed she reviews the required elements under this provision when conducting monitoring reviews. She indicated that monitoring is conducted for 90 days or longer if needed and that there is not a maximum length of time to monitor. She stated she would monitor the individual as long as necessary (i.e. until they are transferred, released or feel comfortable). The auditor requested eleven investigations. At the issue of the interim report three had not been received and as such further documentation is required to determine compliance with this provision.

115.67 (d): 14-2 Sexual Abuse Prevention and Response, page 24 states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. The auditor requested eleven investigations. At the issue of the interim report three had not been received and as such further documentation is required to determine compliance with this provision. The staff member who monitors for retaliation stated that she would monitor the inmate for 90 days or longer if needed. She stated she conducts periodic status checks at the 30, 60 and 90 day mark.

115.67 (e): 14-2 Sexual Abuse Prevention and Response, page 25 states if any other individual who cooperates with an investigation expresses fear of retaliation, the

agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head Designee indicated that this is handled as described in provision (b). He stated agency policies and practices prohibit retaliation for any reason and they include this expectation in training with staff. He stated any violations would be acted upon accordingly. The interview with the Warden indicated that they have a see something stay something policy and that there is a zero tolerance for retaliation. He stated that any retaliation would be reported and investigated. The Warden confirmed that they have the ability to take protective measures including housing changes, removal of staff from contact with the inmate, facility transfers and providing emotional support. The Warden stated that if an allegation of retaliation was reported or suspected that they would investigate it, lock up the perpetrator and hold individuals accountable through retaliation.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports, 14-2Cs, 14-2Ds and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to require corrective action. The auditor requested eleven investigations. At the issue of the interim report three had not been received and as such further documentation is required to determine compliance with this provision.

Corrective Action

The facility will need to provide the requested investigations and associated monitoring for retaliation.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

	<ol style="list-style-type: none"> 1. List of Allegations Reported During the Corrective Action Period 2. Mock Investigation 3. Mock Monitoring for Retaliation Documents <p>The facility was unable to provide the requested monitoring for retaliation documents for the two sexual abuse investigations requested during the on-site portion of the audit (one investigation was sexual harassment and did not require monitoring). As such the auditor requested a list of sexual abuse allegations reported during the corrective action period and the associated monitoring for retaliation.</p> <p>On March 23, 2023 the facility provided a list of allegations reported during the corrective action period. All allegations were sexual harassment and as such no documentation under this provision was provided. Due to no sexual abuse allegations being reported during the CAP, the auditor requested that the facility conduct a mock investigation and complete the associated mock monitoring for retaliation. The facility completed a mock sexual abuse investigation and completed the 14-2D PREA Retaliation Monitoring Report. The 14-2D had the full 90 day monitoring, with appropriate checks and three in-person status checks.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Memorandum Related to Segregated Housing 4. Inmate Victim Housing Documents <p>Interviews:</p>

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Special Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 14-2 Sexual Abuse Prevention and Response, page 15 states that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. It also states inmates/detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. Additionally, it indicates that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days and if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. The PAQ and the memo indicated that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour the observed that the segregated housing unit had a medical room and a separate recreation area. Inmates in segregated housing have phone access twice a month and have access to their tablets. The painted hotline number was observed in English and Spanish, however no other information was observed. Additionally, it was

observed that inmates in segregated housing do not have access to the mail and request drop boxes in the sally port of the housing unit building. The auditor requested documentation related to eleven investigations. At the issuance of the interim report three investigations were not received. Additional documentation is required to determine compliance with this provision. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of 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. He indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He further stated the only reason for them to be placed in segregated housing would be if they request to be housed there or there is a reasonable safety issue for that person and both instance would have to be well documented. The Warden also stated that involuntary segregation would typically be seven days or less as they are required to complete an investigation within seven days. The interview with the staff who supervise inmates in segregated housing indicated that any inmates placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible. The staff stated that any restrictions would be documented. He indicated that the inmate would only be involuntarily segregated until they could find alternative housing and that an inmate would not typically remain in involuntary segregated housing for more than a week. He further confirmed that if the inmate remained longer, he/she would be reviewed at least every 30 days. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, memo related to segregated housing, housing assignments for inmate victims of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to require corrective action. The auditor requested documentation related to eleven investigations. At the issuance of the interim report three investigations were not received. Additional documentation is required to determine compliance with this standard.

Corrective Action

The facility will need to provide the requested documentation and the housing assignments for the inmate victims associated with the investigations.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Victim Housing Documents <p>On May 3, 2023 the facility provided the requested housing documentation for three inmate victims, two of sexual abuse and one of sexual harassment. The documentation confirmed that none of the three were placed in segregated housing after reporting sexual abuse or sexual harassment.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 4. CoreCivic Policy 5-1 Incident Reporting 5. CoreCivic Records Retention Schedule 6. Investigator Training Records 7. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 14-2 Sexual Abuse Prevention and Response, page 27 states that facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. 208.06, page 15 also states that an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potential criminal behavior will be referred for investigation to OPS. This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation. The auditor requested eleven investigations to review, at the issuance of the interim report the facility had not provided three of the eleven. The interview with the facility investigator indicated that in investigation is typically initiated no more than 72 hours after the reported allegation. He stated anonymous and third party reports would be investigated in a similar manner, however there may be information that they are not privy too if it is reported through a third party (such as if they want to remain anonymous). He stated they also confirm an incident occurred if something is reported by a third party or anonymously for another inmate victim. The interview with the GDC criminal investigator indicate that the GDC would initiate an investigation after the facility SART team reviewed the information and referred it to them. He stated they would initiate within 24 hours of referral. He confirmed that any anonymous or third party reports would follow the same investigative process.

115.71 (b): 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is

completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of PAQ supplemental documentation indicated that one facility staff member is documented with the specialized investigator training. A review of eleven investigation indicated they were all completed by one facility investigator who was documented with the specialized training. The interviews with the facility investigator and the GDC criminal investigator confirmed that the specialized training they received included all the elements required under this provision.

115.71 (c): 14-2 Sexual Abuse Prevention and Detection, page 27 states investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data.

Investigators shall interview alleged victims, suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor requested eleven investigations to review, at the issuance of the interim report the facility had not provided three of the eleven. The interview with the facility investigator indicated his first steps of an investigation would be to go over all the evidence and what was said by witnesses (such as staff completing the reports). He stated he would take to the counselor and mental health staff and would then talk to the victim. The facility investigator further stated he would review video, interview witnesses and the suspect, review the history of the victim and alleged perpetrator, determine facts and findings and write a report. He further indicated that he would be responsible for collecting physical evidence, statements/interviews, DNA evidence, documentation, etc. The interview with the GDC criminal investigator indicated that his first steps would be to allow the SANE to collect any evidence and ensure it is processed. He stated he would also ensure any other crime scene evidence is processed and interview the victim and then the perpetrator. The GDC criminal investigator then stated that he would review crime lab reports, interviews, phone calls, video, etc. and tie it all together for the case file and present it to the District Attorney's Office. He stated he would be responsible for gathering the sexual assault kit evidence, interviews, video, phone calls, etc.

115.71 (d): 14-2 Sexual Abuse Prevention and Detection, page 28 states that when the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The auditor requested eleven investigations to review, at the issuance of the interim report the facility had not provided three of the eleven. The interview with the facility investigator indicated he would consult with the Warden who would direct him to call GDC to handle an compelled interviews. The GDC criminal investigator stated that they are not required to consult with prosecutors because they have worked with them for so long. He stated the agents are required to consult with their

supervisor before conducting compelled interviews though.

115.71 (e): 14-2 Sexual Abuse Prevention and Detection, page 28 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate/detainee or staff. Additionally, it indicates that no agency shall require an inmate/detainee to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation. The facility investigator stated that credibility is based off of experience and evidence while the GDC criminal investigator stated that they are impartial with every aspect and every allegation is credible until proven otherwise. He confirmed that they follow the evidence. The interviews with the two investigators confirmed that they would not require an inmate victim to take a polygraph or truth telling device test. The five inmates who reported abuse confirmed that none were required to take a polygraph or truth telling device test.

115.71 (f): 14-2 Sexual Abuse Prevention and Detection, page 27 states that 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 the 5-1G Incident Investigation Report and shall detail the following components: investigative facts, physical evidence, testimonial evidence, reasoning behind credibility assessments, investigative findings and an explanation as to how the conclusion of the investigations was reached. The auditor requested eleven investigations to review, at the issuance of the interim report the facility had not provided three of the eleven. The facility investigator stated that all administrative investigations are documented in a written report. He stated the report includes documentation on everything that has occurred during the investigation including: statements, facts, evidence review, a description of evidence and an investigative finding. The facility investigator further stated that during the course of the investigation he determines through video review and interviews if staff actions or failure to act contributed to the sexual abuse.

115.71 (g): 14-2 Sexual Abuse Prevention and Detection, page 29 states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. The auditor requested eleven investigations to review, at the issuance of the interim report the facility had not provided three of the eleven. The interview with GDC criminal investigator indicated that criminal investigations are documented in a written report. He stated the report includes every aspect of the case and every act related to the case such as interviews, documentation, crime lab reports, initial response, etc.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 14-2 Sexual Abuse Prevention and Detection, page 29 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ indicated that there have been zero allegations referred for prosecution since the last PREA audit. The auditor requested eleven investigations to review, at the issuance of the interim report the facility had not provided three of the eleven. The interview with the facility investigator indicated that GDC handles all referral for prosecution. The interview with the GDC criminal investigator indicated that once the case is completed they do not refer for prosecution rather they refer to the District Attorney to review to determine whether they want to prosecute.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The CoreCivic Record Retention Schedule confirmed that PREA investigative files are retained for five years after inmate release or post-employment of alleged abuser. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 14-2 Sexual Abuse Prevention and Detection, page 27 states that the departure of the alleged abuser or victim from employment control of the facility or agency shall not provide a basis for terminating an investigation. The facility investigator and GDC criminal investigator stated that they would still fully investigate in both circumstances. The departure of the staff and/or departure of the inmate would not change the investigative process.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 14-2 Sexual Abuse Prevention and Detection, page 29 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PC stated that each facility develops its own relationship with local law enforcement and must follow-up on cases. He indicated that where CoreCivic has more than one facility, the partner agency OIG is often consulted about the status of investigations. The interview with the Warden indicated that they call GDC and get updates on any investigations. He confirmed that they have direct communication with the investigator and they receive updates by request. The PCM stated that when an outside agency conducts an

investigation they remained informed through updates sent by the agency (GDC). The facility investigator stated that if an outside agency conducts an investigation he would brief them on any details and provide them with any evidence. He stated he facilitates whatever they need.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, Georgia Department of Corrections Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 5-1 Incident Reporting, CoreCivic Records Retention Schedule, Investigator Training Records, Investigative Reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, the facility investigator and inmates who reported sexual abuse, this standard appears to require corrective action. The auditor requested eleven investigations to review, at the issuance of the interim report the facility had not provided three of the eleven. The investigations are required in order to determine compliance with this standard.

Corrective Action

The facility will need to provide the auditor with the requested investigations.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigative Reports
2. List of Allegations Reported During the Corrective Action Period
3. Mock Investigation

On March 2, 2023 the facility provided the requested three investigations. The auditor reviewed the investigations and noted that one was referred to GDC for criminal

	<p>investigation and two were investigated at the facility level. While the two at the facility level were timely, the investigative reports did not contain adequate information to confirm they were thorough. Further, neither investigative report indicated an investigative outcome. While the other investigations reviewed on-site appeared to be adequate, the auditor requested a list of sexual abuse and sexual harassment allegations during the corrective action period.</p> <p>On March 23, 2023 the facility provided a list of allegations reported during the corrective action period. All allegations were sexual harassment. Due to no sexual abuse allegations being reported during the CAP, the auditor requested that the facility conduct a mock investigation. A review of two sexual harassment investigations and the mock sexual abuse investigation confirmed that they were timely, thorough and objective. They also included an investigative outcome.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining</p>

whether allegations of sexual abuse or sexual harassment are substantiated. 14-2 Sexual Abuse Prevention and Response, page 27 states that 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. Eighteen administrative investigations were completed in the previous twelve months and one was referred to GDC. A review of eight investigations indicated that none were closed as substantiated. The review indicated the findings were accurate based on the evidence. Three investigations were not provided at the issuance of the interim report. The interview with the facility investigator confirmed that the level of evidence to substantiate an administrative investigation is 51%. The GDC criminal investigator stated that they only conduct criminal investigations so their level of evidence is different than administrative investigators.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports and information from the interview with the facility investigator indicated that this standard appears to be compliant.

115.73 Reporting to inmates
Auditor Overall Determination: Meets Standard
Auditor Discussion
<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports 4. Incident Report of No Inmate Contact 5. 14-2E Inmate PREA Allegation Status Notifications <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff 3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 14-2 Sexual Abuse Prevention and Response, page 30 states that 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. The PAQ indicated that there were sixteen sexual abuse investigations completed within the previous twelve months, all of which involved an inmate notification. The auditor requested eleven investigations to review and at the issuance of the interim report had not received three of the requested investigations. This information is required in order to determine compliance. The interviews with the Warden and the facility investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The GDC criminal investigator stated that they notify the facility of the investigative outcome and the facility notifies the inmate. The interviews with the five inmates who reported abuse indicated that three were aware that they are to be informed of the outcome of the investigation. Two indicated they were told about the outcome verbally within a week of reporting the information.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. 14-2 Sexual Abuse Prevention and Response, page 30 states 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. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. The auditor requested eleven investigations to review and at the issuance of the interim report had not received three of the requested investigations. This information is required in order to determine compliance.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an investigation into an inmate/

detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have not been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. The PAQ supplemental documentation included an incident report where a staff member was placed on no inmate contact. The auditor requested eleven investigations to review and at the issuance of the interim report had not received three of the requested investigations. This information is required in order to determine compliance. Interviews with inmates who reported sexual abuse indicated none were informed of information under this provision.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an inmate/detainee's allegation that he/she has been sexually abused by another inmate/detainee, the facility shall 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 or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The auditor requested eleven investigations to review and at the issuance of the interim report had not received three of the requested investigations. This information is required in order to determine compliance. The interviews with inmates who reported sexual abuse indicated that none were informed of information under this provision.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 14-2 Sexual Abuse Prevention and Response, page 30 states all inmate/detainee notifications or attempted notification shall be documented on the 14-2E Inmate/Detainee Allegation Status Notification. The inmate/detainee shall sign the 14-2E, verifying that such notification has been received. The PAQ stated that there were sixteen notification to inmates and all sixteen were documented. The auditor requested eleven investigations to review and at the issuance of the interim report had not received three of the requested investigations. This information is required in order to determine compliance.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-2E, a review of investigative reports, the incident report of no inmate contact and information from interviews with the Warden, facility investigator and inmates who reported sexual abuse, this standard appears to require corrective action. The auditor requested eleven investigations to review and at the issuance of the interim report had not received three of the requested investigations. This information is required in order to determine compliance.

Corrective Action

The facility will need to provide the requested investigations and victim notifications.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. List of Allegations Reported During the Corrective Action Period
2. Mock Investigation
3. Mock Notification Documents

The facility was unable to provide the requested victim notification documents for the two sexual abuse investigations requested during the on-site portion of the audit (the third requested was sexual harassment and as such was not required under this provision). As such the auditor requested a list of sexual abuse allegations reported during the corrective action period and the associated victim notifications.

On March 23, 2023 the facility provided a list of allegations reported during the corrective action period. All allegations were sexual harassment and as such no

	<p>documentation under this provision was provided. Due to no sexual abuse allegations being reported during the CAP, the auditor requested that the facility conduct a mock investigation and complete the associated victim notification documentation. The facility completed a mock sexual abuse investigation and completed the 14-2E Inmate PREA Allegation Status Notifications.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.</p> <p>115.76 (b): The PAQ indicated there were no staff members who violated the sexual abuse and sexual harassment policies and no staff had been terminated for violating the sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 31 states that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. A review of investigations and the investigative log confirmed that there were zero staff-on-inmate substantiated investigations and as such no discipline was warranted.</p>

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 14-2 Sexual Abuse Prevention and Response, page 31 states that disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were no staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigations and the investigative log confirmed that there were zero staff-on-inmate substantiated investigations and as such no discipline was warranted.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 14-2 Sexual Abuse Prevention and Response, page 31 states all employee 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 relevant licensing bodies. The PAQ indicated that there were zero staff member disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months who were reported to law enforcement or relevant licensing bodies. A review of investigations and the investigative log confirmed that there were zero staff-on-inmate substantiated investigations and as such no reports to law enforcement or relevant licensing bodies was required.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and investigative reports, indicates that this standard appears to be compliant.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

3. CoreCivic Policy 22-1 Volunteer Services and Management
4. Memorandum Related to Contractors and Volunteers
5. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. 22-1 Volunteer Services and Management, page 5 also addresses this provision. It states that volunteers are expected to abide by CoreCivic and applicable government agency policy, procedures, regulations and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Roster. The PAQ and the memo indicated that there has not been any contractors or volunteers reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports and the investigative log confirmed that there were zero sexual abuse or sexual harassment allegations against a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/

detainees and removal from the facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor no longer being allowed back in the facility. He stated that they would initiate an investigation and that depending on the outcome there may be a need for training or they could be terminated.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 22-1 Volunteer Services and Management, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Georgia Department of Corrections Policy 209.01 Offender Discipline
4. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ was blank but further communication with the PC indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees shall be subject to disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that an inmate/detainee engaged in inmate/detainee on inmate/detainee sexual abuse or following a

criminal finding of guilt for inmate/detainee on inmate/detainee sexual abuse. 209.01 Offender Discipline, page 25 states that if guilty of the charged offense(s), a sanction(s) shall be imposed as provided by these procedures. Record the information in the offender's institutional file may be reviewed by the Disciplinary Hearing Officer only after a finding of guilty to assist in determining an appropriate sanction(s). The PAQ was blank but the PC indicated there has been zero administrative findings of guilt and zero criminal findings of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of investigative reports and the investigative log confirmed were zero substantiated inmate-on-inmate sexual abuse or sexual harassment investigations and as such no discipline was warranted.

115.78 (b): 14-2 Sexual Abuse Prevention and Response, page 30 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history and sanctions imposed for comparable offenses by inmates/detainees with similar histories. The interview with the Warden indicated that if it wasn't actual sexual assault that there are disciplinary sanctions for solicitation and other types of allegations. If it was sexual assault it would be handled through felony charges. The Warden stated that possible sanctions for a perpetrator could include reclassification, criminal charges, increase in custody and transfer. He stated they would go through the disciplinary process. He further indicated that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates. A review of investigative reports and the investigative log confirmed were zero substantiated inmate-on-inmate sexual abuse or sexual harassment investigations and as such no discipline was warranted.

115.78 (c): 14-2 Sexual Abuse Prevention and Response, page 30 states that the disciplinary process shall consider whether and inmate/detainee's mental disability or mental illness contributed to his/her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Warden confirmed that an inmates' mental disability or mental illness would be considered in the disciplinary process.

115.78 (d): The PAQ was blank but further communication with the PC indicated that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. 14-2 Sexual Abuse Prevention and Response, page 30 states that if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other

benefits. The interview with the mental health care staff member indicated that they offer mental health services on intake to all perpetrators. The staff member stated that services are voluntary and they do not require participate in order to gain access to other programs and services.

115.78 (e): 14-2 Sexual Abuse Prevention and Response, page 30 indicates that an inmate/detainee may be disciplined for sexual conduct within an employee only upon a finding that the employee did not consent to such conduct. The PAQ was blank but the PC stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ was blank but further communication with the PC indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees who deliberately allege false claims of sexual abuse may be disciplined. For the purpose of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The PAQ was blank but further communication with the PC indicated that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 14-2 Sexual Abuse Prevention and Response, page 30 states that sexual activity between inmates/detainees is prohibited in all CoreCivic facilities, and inmates/detainees may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 209.01 Offender Discipline, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Informed Consent Form
4. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that 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 shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ did not indicate that medical and mental health maintain secondary materials documenting compliance with the required services but communication with the PC confirmed this should have been marked yes. A review of medical and mental health files for seven inmates identified who disclosed prior sexual victimization during the risk screening confirmed that all seven were offered a follow-up with mental health within fourteen days. The interview with staff responsible for the risk screening indicated that when an inmate discloses prior sexual victimization they are referred to mental health the same day and are typically seen by mental health that same day too. The interviews with the inmates who disclosed prior victimization during the risk screening indicated two of the three were

offered a mental health follow-up. One stated he saw mental health about a week later while the other stated he saw mental health two weeks later.

115.81 (b): The PAQ indicated all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees, excluding jail inmates/detainees, identified during the intake screening as high risk of sexual assaultive behavior, whether it occurred in an institutional setting or the community, shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. During documentation review four inmates were identified with a history of prior sexual abusiveness. All four were documented with a referral to mental health care staff the same date as the risk screening. All four were documented with declining services. The interview with staff responsible for the risk screening indicated that they do not refer inmates to mental health due to identified prior sexual abusiveness, such if they are a sex offender.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that 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 shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ did not indicate that medical and mental health maintain secondary materials documenting compliance with the required services but communication with the PC confirmed this should have been marked yes on the PAQ. A review of medical and mental health files for seven inmates identified who disclosed prior sexual victimization during the risk screening confirmed that all seven were offered a follow-up with mental health within fourteen days. The interview with staff responsible for the risk screening indicated that when an inmate discloses prior sexual victimization they are referred to mental health the same day and are typically seen by mental health that same day too. The interview with staff responsible for the risk screening indicated that when an inmate discloses prior

sexual victimization they are referred to mental health the same day and are typically seen by mental health that same day too. The interviews with the inmates who disclosed prior victimization during the risk screening indicated two of the three were offered a mental health follow-up. One stated he saw mental health about a week later while the other stated he saw mental health two weeks later.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PC indicated that this was marked incorrect and the PAQ should have indicated that information is not strictly limited to medical and mental health practitioners. The PAQ stated that information is only shared with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. Inmate medical records are electronic and paper. Paper records are located in medical records which is staffed 8:00am-4:00pm Monday through Friday. The medical records room is locked at all times, even when staffed. Access is restricted to the medical records room and staff confirmed that Correctional Officers and Unit Management staff do not have access. Electronic medical records are only accessible to medical and mental health care staff. Inmate files are paper, however risk assessment information is not contained in the inmate file. This was confirmed by the auditor through a review of an inmate file. Inmate records is staffed from 7:30am-3:30pm Monday through Friday and the door is locked at all times. Risk assessment information is electronic is the "Scribe" system. The records clerk advised that she did not have access to Scribe. During the on-site portion of the audit, the auditor had a security staff member pull up the Scribe system to show what information could be viewed. The auditor observed that the security staff member could only view the inmate's risk assessment designation. The answers to the risk assessment were not accessible. Investigative files are electronic and are accessible to supervisors and administrative staff. The PCM also indicated she has printed copies of the investigations in her file in her locked office.

15.81 (e): The PAQ indicated that 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 eighteen. 14-2 Sexual Abuse Prevention and Response, page 12 states that medical and mental health practitioners shall obtain informed consent from inmates/detainees prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate/detainee was under eighteen. Medical and mental health care staff confirmed that consent is required prior to reporting any sexual victimization that did not occur in an institutional setting. Staff further stated they do not house inmates under eighteen.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the

informed consent form, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to require corrective action. The interview with staff responsible for the risk screening indicated that they do not refer inmates to mental health due to identified prior sexual abusiveness, such if they are a sex offender.

Corrective Action

Appropriate staff will need to be trained on the requirement under provision (b) of this standard. While all inmates reviewed had a follow-up, the staff interviewed were unaware of this process. A copy of the training will need to be provided to the auditor as confirmation.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Records

On March 9, 2023 the facility provided documentation confirming that staff were provided training on numerous dates from January to March on the requirement of offering a follow-up with mental health within fourteen day to inmates identified with prior sexual abusiveness.

Based on the documentation provided the facility has corrected this standard and as such is compliant.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 13-79 Sexual Assault Response
3. 13-79A Sexual Assault Response
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 13-79 Sexual Assault Response, page 2 states that the Health Services Department shall designate medical representatives to be appointed to the facility Sexual Abuse Response Team (SART). The medical representative(s) shall assess the alleged victim's acute medical needs and explain the medical need to the victim for a forensic exam if appropriate. The victim of sexual assault has the right to decline the forensic exam. The medical representative shall ensure that the facility medical staff responded appropriately and medically stabilized the victim before assessment by a community medical provider, if medically indicated (refer to CoreCivic Policy 14-2 Sexual Abuse Prevention and Response). During the tour the auditor observed that the health services area contained a small reception space with benches, exam and treatment rooms, an ancillary area and suicide observation rooms. The ancillary area provided privacy through curtains. The exam and treatment rooms had doors with security windows. The staff advised that they have a staff

member stand with their back to the window for privacy. The auditor advised staff that this was not adequate to afford privacy. The auditor requested documents related to eleven investigations, at the issuance of the interim report three were not provided. Additional information is needed to determine compliance with this provision. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff stated they provide services immediately after it is reported and mental health staff stated that they provide services the same day if reported during working hours or the next day if reported after hours. Both staff confirmed the services they provide are based on their professional judgment as well as scope of practice, policy and their education and training. The interviews with inmates who reported sexual abuse confirmed that all five were offered/provided medical and mental health services.

115.82 (b): Jenkins CF has a Health Services Department that is staffed 24 hours a day, seven days a week. Inmate are treated at the facility unless they are required to be transported to a local hospital. The security first responder stated that would have the individuals stop what they are doing, make sure the victim and perpetrator are separated, secure the scene, make sure the individuals do not shower or change clothes and escort the individuals to medical for a PREA exam. The non-security first responder stated she would first contact security and then if there was a need for evidence preservation she would let security know so they could do that. She also stated she would need to make sure the victim and aggressor are separated.

115.82 (c): The PAQ states that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 13-79 Sexual Assault Response, pages 3 and 4 state that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (115.82 (c), 115.83 (f)) Inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. (115.83 (e)) Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. The auditor requested documents related to eleven investigations, at the issuance of the interim report three were not provided. Additional information is needed to determine compliance with this provision. The interviews with five inmates who reported sexual abuse indicated that one involved penetration. The inmate

stated that he believed he was asked about the services under this provision but that it was too long after the incident occurred that he reported it because he was scared. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis.

115.82 (d): 13-79 Sexual Assault Response, pages 3-4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, 13-79 Sexual Assault Response, 13-79A, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to require corrective action. The exam and treatment rooms had doors with security windows. The staff advised that they have a staff member stand with their back to the window for privacy. The auditor advised staff that this was not adequate to afford privacy. The auditor requested documents related to eleven investigations, at the issuance of the interim report three were not provided. Additional information is needed to determine compliance with this provision.

Corrective Action

The facility will need to ensure that all exam and treatment rooms have privacy available for the windows. This can include blinds, tinting or a mobile barrier. Photos of the modification will need to be provided to the auditor. The facility will also need to provide the requested documentation and associated medical and mental health documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Exam and Treatment Rooms
2. Staff Training Records
3. List of Allegations Reported During the Corrective Action Period
4. Mock Medical and Mental Health Documents

On March 3, 2023 the facility provided photos of the exam and treatment rooms. The photos confirmed that each door was equipped with a magnetic privacy cover for the window.

The facility was unable to provide the requested medical and mental health documentation. As such, the auditor requested that the facility provide training to medical and mental health care staff as well as a list of all sexual abuse allegations reported during the corrective action period and corresponding medical and mental health documentation.

On May 8, 2023 the facility provided training documentation confirming that on May 5, 2023 facility medical and mental health staff were trained on the requirements under this standards, including providing access to sexually transmitted infection prophylaxis.

On March 23, 2023 the facility provided a list of allegations reported during the corrective action period. All allegations were sexual harassment and as such no documentation under this provision was provided. Due to no sexual abuse allegations being reported during the CAP, the auditor requested that the facility conduct a mock investigation and complete the associated medical and mental health documents. The facility completed a mock sexual abuse investigation and completed the Sexual Abuse Incident Check Sheet, which notates the inmate victim was escorted to Health Services for an initial medical examination. In addition, the facility provided mock medical and mental health forms that indicated the victim was evaluated by medical and mental health care staff.

Based on the documentation provided the facility has corrected this standard and as such is compliant.

and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 13-79 Sexual Assault Response
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 13-79 Sexual Assault Response, page 4 states that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates/detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the tour the auditor observed that the health services area contained a small reception space with benches, exam and treatment rooms, an ancillary area and suicide observation rooms. The ancillary area provided privacy through curtains. The exam and treatment rooms had doors with security windows. The staff advised that they have a staff member stand with their back to the window for privacy. The auditor advised staff that this was not adequate to afford privacy. Medical services are provided 24/7. Inmates have access to routine medical services on-site and emergency services are provided at the local hospital.

115.83 (b): 13-79 Sexual Assault Response, page 4 states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. A review of medical and mental health files for seven inmates identified who disclosed prior sexual victimization during the risk screening confirmed that all seven were offered a follow-up with mental health within fourteen days. The auditor requested documents related to eleven investigations, at the issuance of the interim report three were not provided. Additional information is needed to determine compliance with this provision. The interviews with five inmates who reported sexual abuse indicate that four were offered follow-up services with medical and/or mental health. One inmate interviewed reported sexual harassment rather than sexual abuse and as such follow-up services were not necessary. Interviews with medical and mental health care staff confirmed that follow-up services would be offered. The medical staff stated they would not do anything until the SANE conducted the forensic examination. She stated they would offer any medication after that. The mental health staff member indicated they would provide follow-up treatment and counseling, they would refer them to the Psychiatrist if needed and provide any outside referral services as needed as well.

115.83 (c): 13-79 Sexual Assault Response, page 4 states the facility shall provide such victims with medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes SANE that come into the facility for forensic medical examinations. The auditor requested documents related to eleven investigations, at the issuance of the interim report three were not provided. Additional information is needed to determine compliance with this provision. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): This provision does not apply as the facility does not house cisgender female inmates.

115.83 (e): This provision does not apply as the facility does not house cisgender female inmates.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 13-79 Sexual Assault Response, pages 3 and 4 state that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted

standards of care, where medically appropriate. (115.82 (c), 115.83 (f)) Inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy-related services in a timely manner. (115.83 (e)) Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. At no time will a CoreCivic staff member/volunteer/contractor attempt to influence a decision for pregnancy termination. The auditor requested documents related to eleven investigations, at the issuance of the interim report three were not provided. Additional information is needed to determine compliance with this provision. The interviews with five inmates who reported sexual abuse indicated that one involved penetration. The inmate stated that he believed he was asked about the services under this provision but that it was too long after the incident occurred that he reported it because he was scared.

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 13-79 Sexual Assault Response, page 4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Interviews with inmates who reported sexual abuse indicated that none of the five were required to pay for any medical or mental health care services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 14-2 Sexual Abuse Prevention and Response, page 12 indicates that a mental health evaluation shall be completed of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. The auditor requested documents related to eleven investigations, at the issuance of the interim report three were not provided. Additional information is needed to determine compliance with this provision. The interview with the mental health care staff indicated that their policy does not require an evaluation of the abuser.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of medical and mental health documents, observations made during the tour and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. The exam and treatment rooms had doors with security windows. The staff advised that they

have a staff member stand with their back to the window for privacy. The auditor advised staff that this was not adequate to afford privacy. Additionally, the interview with the mental health care staff indicated that their policy does not require an evaluation of known inmate-on-inmate abusers. The auditor requested documents related to eleven investigations, at the issuance of the interim report three were not provided. Additional information is needed to determine compliance with this provision.

Corrective Action

The facility will need to ensure that all exam and treatment rooms have privacy available for the windows. This can include blinds, tinting or a mobile barrier. Photos of the modification will need to be provided to the auditor. Additionally, appropriate medical and mental health care staff will need to be educated on policy and procedure related to mental health evaluations on known inmate-on-inmate abusers. Copies of the training will need to be provided to the auditor. The facility will also need to provide the requested documentation and associated medical and mental health documents.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Exam and Treatment Rooms
2. Staff Training Records
3. List of Allegations Reported During the Corrective Action Period
4. Mock Medical and Mental Health Documents

On March 3, 2023 the facility provided photos of the exam and treatment rooms. The photos confirmed that each door was equipped with a magnetic privacy cover for the window.

	<p>The facility was unable to provide the requested medical and mental health documentation. As such, the auditor requested that the facility provide training to medical and mental health care staff as well as a list of all sexual abuse allegations reported during the corrective action period and corresponding medical and mental health documentation.</p> <p>On May 8, 2023 the facility provided training documentation confirming that on May 5, 2023 facility medical and mental health staff were trained on the requirements under this standards, including providing STI testing and evaluations for known inmate-on-inmate abusers.</p> <p>On March 23, 2023 the facility provided a list of allegations reported during the corrective action period. All allegations were sexual harassment and as such no documentation under this provision was provided. Due to no sexual abuse allegations being reported during the CAP, the auditor requested that the facility conduct a mock investigation and complete the associated medical and mental health documents. The facility completed a mock sexual abuse investigation and completed the Sexual Abuse Incident Check Sheet, which notes the inmate victim was escorted to Health Services for an initial medical examination. In addition, the facility provided mock medical and mental health forms that indicated the victim was evaluated by medical and mental health care staff.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. 14-2F Sexual Abuse or Assault Incident Review Form

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 14-2 Sexual Abuse Prevention and Response, page 29 states that the Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The PAQ indicated that four criminal and/or administrative investigations of sexual abuse were completed, excluding unfounded, in the previous twelve months. The auditor requested eleven investigations, however at the time of the interim report three were not provided. As such more documentation is required to determine compliance with this provision.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 14-2 Sexual Abuse Prevention and Response, page 29 states that sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation. The PAQ indicated that four sexual abuse incident reviews were completed within the previous twelve months within 30 days of the conclusion of the investigation. The auditor requested eleven investigations, however at the time of the interim report three were not provided. As such more documentation is required to determine compliance with this provision.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 14-2 Sexual Abuse Prevention and Response, page 29 states the incident review team shall include the PREA Compliance Manager, upper-level facility management, and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. The interview with the Warden confirmed that these reviews are completed and the team includes upper management officials, line supervisors, investigators and medical and/or mental health care staff. The auditor requested eleven investigations, however at the time of the interim report three were not

provided. As such more documentation is required to determine compliance with this provision.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 14-2 Sexual Abuse Prevention and Response, page 29 states the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are completed and they include all the required elements under this provision. The Warden stated that the information from the review is utilized to determine "lessons learned". He stated reviews may indicate a need for cameras, additional equipment, additional staffing, education, training, etc. He stated they would take any action and remedy any issues identified during the review. The PCM indicated that she is part of the review team and she has not noticed any trends. She stated they have been getting a lot more anonymous calls with limited information, but they still investigate with the information provided. The PCM further stated that once the reviews are completed she follows up on any necessary discipline (staff or inmate) and she follows up on any recommendations that may have been made because of the review. The auditor requested eleven investigations, however at the time of the interim report three were not provided. As such more documentation is required to determine compliance with this provision.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 14-2 Sexual Abuse Prevention and Response, page 29 states all findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The auditor requested eleven investigations, however at the time of the interim report three were not provided. As such more documentation is required to determine compliance with this provision.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review

of 14-2Fs and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, it appears this standard requires corrective action. The auditor requested eleven investigations, however at the time of the interim report three were not provided. As such more documentation is required to determine compliance with this provision.

Corrective Action

The facility will need to provide the requested documentation, including the investigations and sexual abuse incident reviews.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. List of Allegations Reported During the Corrective Action Period
2. Mock Investigative Report
3. Mock Sexual Abuse Incident Review

The facility was unable to provide the requested sexual abuse incident review documents for the two sexual abuse investigations requested during the on-site portion of the audit (the third requested was sexual harassment and as such was not required under this provision). As such the auditor requested a list of sexual abuse allegations reported during the corrective action period and the associated victim notifications.

On March 23, 2023 the facility provided a list of allegations reported during the corrective action period. All allegations were sexual harassment and as such no documentation under this provision was provided. Due to no sexual abuse allegations being reported during the CAP, the auditor requested that the facility conduct a mock

	<p>investigation and complete the associated sexual abuse incident review. The facility completed a mock sexual abuse investigation and completed the 14-2F Sexual Abuse or Assault Incident Review Form. The 14-2F was completed by appropriate staff within 30 days of the conclusion of the mock investigation and included the required elements under this standard.</p> <p>Based on the documentation provided the facility has corrected this standard and as such is compliant.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Annual PREA Report 4. Survey of Sexual Victimization <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.</p>

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of CoreCivic Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): The PAQ indicated that the agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency is a private for profit agency and houses other agency's inmates and does not contract with private facilities.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar

	<p>year to the Department of Justice no later than June 30th or a date requested by that Department. A review of documentation confirmed that CoreCivic completed the 2021 SSV.</p> <p>Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Annual PREA Reports and the Survey of Sexual Victimization, this standard appears to be compliant.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Annual PREA Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 14-2 Sexual Abuse Prevention and Detection, page 32 states that the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to</p>

include, identifying problems areas and taking corrective action on an ongoing basis. Additionally it states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head Designee confirmed that he reviews and approves annual reports. He stated that a review of the PREA data is made on a daily, monthly and annual basis. He indicated that incident data is provided daily to select staff in a daily PREA report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff, video coverage or procedures would minimize the risks of incidents in those areas. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that files and information relative to investigations of PREA allegations are retained in the Incident Report Database which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules. He further confirmed that the agency takes corrective action on an ongoing basis and that the agency prepares a report of findings from the annual data review. The PCM stated that facility data plays a major role in overall agency data in that they use the data to look at how many allegations there were, where the allegations were located and what changes are needed based on the allegations. She stated the agency looks at this information overall, for all facilities.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 14-2 Sexual Abuse Prevention and Detection, page 32 states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes corrective action. The report compares the data from the current year with the previous years.

115.88 (c): The PAQ indicated that the agency makes its annual report readily

available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 14-2 Sexual Abuse Prevention and Response, page 32 states that the CoreCivic Annual report shall be approved by the company Chief Correctional Officer and made available to the public through the CoreCivic website. The interview with the Agency Head Designee confirmed that the report is completed annually and that he approves the report. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report is available to the public online.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 14-2 Sexual Abuse Prevention and Response, page 32 states that specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that the reports do not contain personal identifiers and/or medical information belonging to inmates or staff.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the CoreCivic Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response 3. CoreCivic Record Retention Schedule 4. CoreCivic Annual PREA Reports <p>Interviews:</p>

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 14-2 Sexual Abuse Prevention and Response, page 33 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-5 Retention of Records. The interview with the PREA Coordinator confirmed that files and information relative to investigations of PREA allegations are retained in the IRD which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules.

115.89 (b): The PAQ states that the agency will 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 through other means. 14-2 Sexual Abuse Prevention and Response, page 33 states the CoreCivic Annual Report shall be approved by the company Chief Corrections Office and made available to the public through the CoreCivic website. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): 14-2 Sexual Abuse Prevention and Response, page 32 and the PAQ indicated that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): 14-2 Sexual Abuse Prevention and Response, page 33 and the PAQ indicates that the agency shall maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of initial collection unless Federal, State or local law requires otherwise. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Retention Schedule, CoreCivic annual reports, the website and information obtained

	from the interview with the PREA Coordinator, this standard appears to be compliant.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency’s facilities are audited each year.</p> <p>115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency’s facilities are audited each year. The facility is being audited in the first year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p> <p>115.401 (n): The auditor observed the audit announcement in each housing unit on white paper with red, blue and black font. The audit noticed advised the inmates that correspondence with the auditor would remain confidential unless the inmate reported information such as sexual abuse, harm to self or harm to others. The detainees were able to send correspondence via special mail. The auditor did not receive any correspondence from inmates at the facility.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Findings (By Provision):

115.403 (f): The facility was previously audited on November 12-14, 2019. The final audit report is publicly available via the agency website. A review of the website confirmed that the agency has uploaded final reports for audited facilities.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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
	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	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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?	no
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	no
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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
	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
	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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c)	Protective Custody	

	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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
115.52 (b)	Exhaustion of administrative remedies	
	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.)	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.)	na
115.52 (c)	Exhaustion of administrative remedies	
	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	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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.)	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.)	na
115.52 (e)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na
115.52 (f)	Exhaustion of administrative remedies	

	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.)	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.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	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.)	na
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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
	Except in instances where the agency determines that a report of	yes

	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?	
	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
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	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

115.73 (b) Reporting to inmates		
	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
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	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
	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
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

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

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