

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

Interim Final

Date of Interim Audit Report: November 15, 2021

Date of Final Audit Report: March 21, 2022

Auditor Information

Name: Kendra Prisk **Email:** 2KConsultingLLC@gmail.com

Company Name: 2K Consulting, LLC.

Mailing Address: PO Box 204 **City, State, Zip:** Malone, FL 32445

Telephone: 814-883-9766 **Date of Facility Visit:** October 19-21, 2021

Agency Information

Name of Agency: CoreCivic

Governing Authority or Parent Agency (If Applicable):

Physical Address: 5501 Virginia Way, Suite 110 **City, State, Zip:** Brentwood, TN 37027

Mailing Address: 5501 Virginia Way, Suite 110 **City, State, Zip:** Brentwood, TN 37027

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

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

Agency Chief Executive Officer

Name: Damon T. Hininger

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

Agency-Wide PREA Coordinator

Name: Eric S. Pierson

Email: Eric.Pierson@corecivic.com **Telephone:** 615-263-6915

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**
Steven Conry, Vice President 68

Facility Information

Name of Facility: Wheeler Correctional Facility

Physical Address: 195 Broad Street

City, State, Zip: Alamo, GA 30411

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.corecivic.com/facilities/coffee-correctional-facility>

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Annual Georgia Department of Corrections (GDC) Audits and Annual CoreCivic Operational Audits

Warden/Jail Administrator/Sheriff/Director

Name: Douglas Williams

Email: douglas.williams@corecivic.com

Telephone: 912-568-1731

Facility PREA Compliance Manager

Name: Donovan Hamilton

Email: donovan.hamilton@corecivic.com

Telephone: 912-568-1731

Facility Health Service Administrator

Name: Arun Saha

Email: arun.saha@corecivic.com

Telephone: 912-568-1731

Facility Characteristics

Designated Facility Capacity:

2967

Current Population of Facility:

2311

Average daily population for the past 12 months:

2209

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-70
Average length of stay or time under supervision:	1,042 Days
Facility security levels/inmate custody levels:	Minimum & Medium
Number of inmates admitted to facility during the past 12 months:	493
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	493
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	493
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	239
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	76
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	10
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	7
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	36
Physical Plant	

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	5
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	42
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	29
<p>Number of open bay/dorm housing units:</p>	13
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	49
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe): Georgia Criminal Investigations Division <input type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>3</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for Wheeler Correctional Facility (Wheeler CF) in Alamo, Georgia was conducted on October 19-21, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. Wheeler CF is a private for profit prison under CoreCivic. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through the agency directly and had a contract with CoreCivic. The auditor is personally accountable for complying with the DOJ certification requirements and audit findings. The contract described the specific work required according to the DOJ standards and PREA auditor handbook to include the pre-audit, on-site audit and post-audit. The auditor signed the contract on December 15, 2020.

The previous PREA audit was conducted by PREA Auditor Barbara Jo Denison on September 24-26, 2018. The previous auditor found that the facility exceeded seven standards and met 38.

Pre-Audit

On February 5, 2021 the auditor provided her mailing address to the agency PREA Coordinator (PC) for the audit announcements. On September 10, 2021 the auditor was provided access to the facility's Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through a shared folder program. The auditor had correspondence via telephone and email with the PC and facility staff during the pre-audit phase. On numerous dates in September the auditor had correspondence with the PC related to audit logistics. On September 27, 2021 the auditor emailed the PC the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. The auditor also provided the PC with the issue log related to the PAQ, policies and procedures on the same date. Facility staff ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received seven photos of the PREA audit announcement posted at the facility on September 10, 2021 via the shared folder. The auditor received one letter from an inmate at Wheeler CF.

The auditor contacted SART, LLC. related to forensic medical examinations. The staff member confirmed that they do provide forensic medical examinations on-site at the facility. The staff member stated that they go into the facility when called related to an exam and that they have a contract with the facility to provide these services. The staff member confirmed that all individual who provide exams are Sexual Assault Nurse Examiners (SANE). The auditor contacted Satilla Advocacy Services (SAS) related to victim advocacy services. The facility indicated that they did not have an MOU, however the SAS staff member stated that they had signed an MOU back in September. She indicated that they would provide advocacy services via telephone and mailing address, but they do not go into facilities. She indicated she did not have any concerns for inmates at Wheeler CF or any concerns related to sexual abuse or sexual harassment at Wheeler CF. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with inmates at Wheeler CF.

The auditor conducted a web-based search related to Wheeler CF. The auditor located articles about medical and health concerns such as tuberculosis and COVID-19. The auditor confirmed that the agency website had the PREA policy, the annual report, a link to the PREA Resource Center, PREA audit reports and a method to report allegations. The previous PREA audit report for Wheeler CF was not found on the CoreCivic website, but rather through the Georgia Department of Corrections website.

On-Site

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (2311) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random interviews were chosen at random and varied across race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the buildings with numerous housing units, with the exception of the three quarantine units and the closed units. Seven inmates were selected from Building 9, two from C4, three from C6, six from D1, four from D2, two from D5, three from D7 and one from segregation. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews. The inmate that the auditor received correspondence from was still at the facility during the on-site portion of the audit. The auditor interviewed the inmate related his concern and addressed appropriately.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	21
Targeted Inmates	20
Total Inmates Interviewed	41
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Physical Disability	3
• Inmates who are LEP	3
• Inmates with a Cognitive Disability	2
• Inmates who Identify as Lesbian, Gay or Bisexual	3
• Inmates who Identify as Transgender or Intersex	5

• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	6
• Inmates who Reported Sexual Victimization During Screening	2

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Eleven staff from the day shift were interviewed while seven from the evening shift were interviewed (including random staff and intermediate-level supervisors). Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level 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 any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross gender strip or visual searches
 - Administrative (Human Resource) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with inmates
 - Contractors who have contact with inmates
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff who supervise inmates in segregated housing
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation
 - First responders
 - Intake staff

Category of Staff	Number of Interviews
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Random Staff	15
Specialized Staff	16
Total Staff Interviews	31
Specialized Staff Interviews	
• Agency Contract Administrator	0
• Intermediate or Higher-Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	2
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Steve Conroy (Agency Head Designee)
- Mr. Steve Upton (Interim Warden “Warden”)
- Mr. Eric Pierson (PREA Coordinator “PC”)
- Mr. Donovan Hamilton (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on October 19, 2021 through October 21, 2021. The auditor had an initial briefing with facility leadership and discussed 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 October 19, 2021. The tour included all areas associated with Wheeler CF. This included housing units, laundry, warehouse, intake, visitation, religious services, education, vocation, maintenance, 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 below standard findings.

During the tour, the auditor identified two locations that would benefit from additional video monitoring, the laundry and intake as well as an area in the kitchen that would benefit from a mirror (the second dish area).

Interviews were conducted on October 20, 2021 and October 21, 2021. Evening shift staff were interviewed on October 20, 2021 while day shift staff were interviewed on October 20, 2021 and October 21, 2021. All interviews were conducted in a private setting.

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

Personnel and Training Files. The facility has 239 staff assigned. The auditor reviewed a random sample of 27 personnel and/or training records that included five individuals hired within the past twelve months and five staff hired over five year ago. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and training files for nine contractors and eight medical and mental health care staff were reviewed. Most security staff files reviewed were of those selected for interview. There were no active volunteers during the audit period due to COVID-19.

Inmate Files. A total of 47 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 26 inmate files were of those that arrived within the previous twelve months, five were disabled inmates, three were LEP inmates, five were transgender or intersex inmates and three were inmates who reported prior victimization during the risk screening or had a history or prior abusiveness. It should be noted that the auditor initially planned to review files of all inmates selected for interview, however it was determined that only seven arrived within the previous twelve months. As such the auditor requested 20 specific files of inmates that arrived within the previous twelve months.

Medical and Mental Health Records. During the previous year, there were 23 inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of thirteen of the inmate victims, as well as mental health documents for three inmates who disclosed victimization during the risk screening or were identified by the risk screening of having prior sexual abusiveness.

Grievances. In the past year, the facility had zero grievances of sexual abuse. The facility indicated that they do not have a PREA grievance procedure for sexual abuse and as such are exempt. When an inmate reports an allegation it is immediately referred for investigation.

Hotline Calls. The facility has a hotline number through the GDC and as such the facility was unable to provide the number of calls to the auditor.

Incident Reports. The auditor reviewed the incident reports for the thirteen reviewed investigations. The auditor also reviewed the incident report log to spot check reported incidents.

Investigation Files. During the previous twelve months, there were 23 allegations reported. All 23 of the allegations had an administrative investigation initiated and three also had a criminal investigation initiated. All 23 administrative investigations were closed during the on-site portion of the audit. The auditor reviewed thirteen closed investigations to ensure all components were included from the investigating authority. In the previous twelve months there were three criminal investigations, two of which were substantiated and referred for prosecution.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	1	2	0	0
Unsubstantiated	5	1	3	2
Unfounded	4	3	1	1
Ongoing	0	0	0	0
Total Allegations	10	6	4	3

During the on-site portion of the audit, the auditor tested the GDC hotline number and left a message. The PCM provided the auditor with confirmation the same day that the information was received and forwarded to him. The facility did not have a hotline number for victim advocacy set up yet as they had recently executed the MOU. The mailing address for the victim advocacy service was provided to the inmate population. The facility did not have an outside reporting entity and as such the auditor was unable to test the outside reporting mechanism. Additionally, the auditor witnessed the opposite gender staff announcement upon entry into each housing unit. The facility also had blue opposite gender posters displayed throughout the facility.

Post-Audit

At the completion of the on-site portion of the audit, the auditor provided the PC and PCM with a list of issues identified at that point.

On November 9, 2021 the auditor was provided documentation confirming that the three LEP inmates were provided PREA education in a format that they could understand and that the one inmate identified as not receiving PREA education was provided the comprehensive education. All three LEP inmates signed the Spanish acknowledgment form. Additionally, the facility provided the auditor with education for the two inmates that arrived prior to 2013 and had not received education after 2013.

On November 12, 2021 the auditor was provided documentation related to Standard 115.15. On November 9, 2021 and November 10, 2021 the facility conducted a mass staff training related to appropriate transgender and intersex inmate searches as outlined in policy. The auditor was provided the associated training records and was advised that the training would be incorporated into the pre-service and annual in-service training.

On February 16, 2022 the auditor was provided documentation related to Standard 115.51. The auditor was provided emails related to information regarding the outside reporting mechanism for the Georgia Department of Corrections. The PC for the Georgia Department of Corrections indicated that that they utilize the Office of Victim Services, State Board of Pardons and Paroles as their outside reporting mechanism. A review of the state website confirmed that the organization is a state entity but is independent of the Department of Corrections. The emails confirmed that CoreCivic is able to utilize this outside reporting mechanism. On February 25, 2021 the PC provided a reporting poster that included the mailing address to the Office of Victim Services. The poster stated “to report sexual abuse or sexual harassment to an agency that is not part of CoreCivic or the Georgia Department of Corrections you may write to: Office of Victim Services...”. The poster further advises that the inmate may remain anonymous

by request and that all reports will be referred for investigation. Further information indicated that inmates are required to put return address information, however if they indicate in the letter they want to remain anonymous it is their option. The Office of Victim Services is utilized for more than PREA reporting and as such inmates could be writing to this organization for more than one reason. On March 16, 2022, the auditor was provided an email indicating that all current inmates at the facility were provided information on the outside reporting mechanism via town hall meetings. Additionally, the auditor was provided five photos of the reporting poster displayed throughout the facility with the outside reporting entity information. On March 7, 2022 the facility sent a letter to the Office of Victim Services, per the auditors request, in order to test the functionality of the outside reporting mechanism. The facility provided the auditor with confirmation from the GDC indicating that the Office of Victim Services received the letter and forwarded it to their office who then forwarded it to the facility. The correspondence contained a copy of the original letter that was mailed to confirm receipt.

On February 16, 2022 the auditor was provided documentation related to Standard 115.53. The facility provided the auditor with emails related to how inmates would be authorized to contact Satilla Advocacy Services. The GDC and CoreCivic came to the agreement to allow the inmates to confidentially contact SAS on an outside line via Unit Staff. On February 25, 2021 the PC provided the advocacy poster that included Satilla Advocacy Service's mailing address and telephone number. The advocacy poster advised inmates "to obtain emotional support from an outside victim advocate you may write to: Satilla Advocacy Services...". It further indicated that SAS also has a crisis hotline and inmates can contact any member of their Unit Staff to call the number for them. The poster stated that calls to the crisis hotline are not monitored or recorded. On March 16, 2022, the auditor was provided an email indicating that all current inmates at the facility were provided information on Satilla Advocacy Services via town hall meetings. Additionally, the auditor was provided five photos of the advocacy poster displayed throughout the facility with Satilla Advocacy Services information.

On February 18, 2022 the auditor was provided documentation related to Standard 115.73. The auditor was provided the requested documentation related to the two substantiated investigations. The documentation confirmed that the one inmate victim was notified that the contractor was no longer employed at the facility as well as that the staff member was indicated on a charge related to sexual abuse. The form indicated the inmate was notified on March 17, 2021. The inmate signed that he was informed of the information. The second inmate victim was notified on September 13, 2021 that the staff member was no longer employed at the facility. The inmate signed the form indicating he received the notification.

On December 18, 2021 the auditor was provided documentation related to Standard 115.81. The facility provided a training sign-in sheet as well as a training curriculum related to the requirements under the standards. Staff were trained on November 10, 2021 on when to refer inmates to mental health for a follow-up as required under the standard as well as the use of the new CoreCivic form created. The auditor was previously provided a copy of the newly created form in September 2021. The referral form is to be utilized when inmates report prior sexual victimization, whether it occurred in an institutional setting or not and for inmates who previously perpetrated sexual abuse. The form allows the inmate to decline or agree to a follow-up meeting with mental health and has a space for the inmate to sign and date. On March 11, 2021 the facility provided the auditor with the only example during the corrective action period of an inmate that disclosed prior victimization in the community during the risk screening. The documentation confirmed that the inmate was offered a follow-up with mental health within the required fourteen days.

On March 15, 2022 the auditor was provided documentation related to Standards 115.82 and 115.83. The facility provided the auditor with the curriculum utilized for the staff training related to the requirements of emergency contraception, sexually transmitted infection prophylaxis and HIV/STI testing. Additionally, the auditor was provided the staff training records with staff signatures confirming they received and understood the training on March 8, 2022 and March 9, 2022. The facility also provided a list of allegations during the corrective action period and confirmed that none involved penetration. As such, there zero examples during the corrective action period.

Facility Characteristics

Wheeler CF is a privately operated state prison under the authority of CoreCivic and the Georgia Department of Corrections, located at 195 North Broad Street, in Alamo, Georgia. CoreCivic's purpose is to help government better the public good. The mission of CoreCivic is to help government better the public through: CoreCivic Safety, CoreCivic Community and CoreCivic Properties. CoreCivic Safety is described as operating safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community is described as delivering proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties is described as offering innovative and flexible real estate solutions that provide value to government and the people they serve. Wheeler CF is a medium security facility that houses adult male inmates. Wheeler CF is located in Wheeler County, approximately 79 miles southeast of Macon, Georgia. The facility has a total capacity of 2967 inmates. The average daily population over the previous twelve months was 2209. On the first day of the audit the population at the facility was 2311. The age range of the facility's population is 18 to 70 years of age. The average length of stay for inmates at the facility is approximately 1,042 days.

The facility employs 239 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 2021 staffing plan indicates that each shift has a shift supervisor. Housing units have at least one correctional officer on each shift as well as unit management staff on day shift. Additional correctional officers are assigned to other areas to include intake, vocation, transportation, work detail, education, medical, central control, recreation, kitchen and escort. The facility employs seven full-time contractors and has 36 volunteers.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.31

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Documents:

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. Inmate Handbook
6. PREA Zero Tolerance Policy Acknowledgement
7. PREA Coordinator Position Description

8. CoreCivic Organizational Chart
9. Memorandum from the Warden Related to the PREA Compliance Manager
10. Facility Organizational Chart

Interviews:

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

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: 14-2 Sexual Abuse Prevention and Response as well numerous other documents to supplement the policy. These include the Human Rights Policy Statement, the inmate handbook and the PREA pamphlet. 14-2 Sexual Abuse Prevention and Response states on page 4 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 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 outlines 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.

115.11 (b): 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 PC has 68 PREA Compliance Managers that report to him. 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 68 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.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager. 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 indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart as well as the memo from the Warden confirm that the Assistant Warden is responsible for PREA compliance and that he reports to the Warden. The interview with the PREA Compliance Manager confirmed that he has sufficient time to carry out the duties of the PCM.

Based on a review of the PAQ, PREA policy, the agency's organization chart, the facility's organizational chart, the PREA pamphlet, the inmate handbook, the memo from the Warden, 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.

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Memorandum from the PREA Compliance Manager

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

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 as well as the letter from the PCM 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.

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 as well as the letter from the PCM 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.

Based on the review of the PAQ and the letter from the PCM this standard appears to be not applicable and as such compliant.

Standard 115.13: Supervision and monitoring

115.13 (a)

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

standards? Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. The Staffing Plan
4. Deviations from Staffing Plan (5-1B)
5. Annual PREA Staffing Plan Assessment (14-21)
6. 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 off of zero inmates. Further communication with the PCM indicated that the staffing plan is based off capacity. The facility employs 239 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 2021 staffing plan indicates that each shift has a shift supervisor. Housing units have at least one correctional officer on each shift as well as unit management staff on day shift. Additional correctional officers are assigned to other areas to include intake, vocation, transportation, work detail, education, medical, central control, recreation, kitchen and escort. During the tour the auditor observed that mirrors and cameras were installed throughout the facility. The mirror and camera placements were appropriate to alleviate blind spots but still allow adequate privacy in housing units. Additionally, the auditor observed that staff were present in each housing unit and in common areas. Staffing levels appeared to be adequate to supervisor and protect the inmate population. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. The Warden stated that the facility has a plan that has adequate levels to protect inmates from sexual abuse. He stated that the facility reviews the plan and it is sent to the PC and the Vice President for review. The two staff will determine if the staffing plan is suitable for the inmate population. The Warden confirmed that they have appropriate coverage including cameras and that the staffing plan is documented. He stated that they consider American Correctional Association and National Institute of Corrections guidelines and that any findings of inadequacy are considered. The Warden stated that they have two larger buildings and there are additional staff in those areas based on the physical layout. Higher security areas, including

segregation are be equipped with more staff and that any shifts with excessive movement and programming would have more staff. He confirmed that the PCM and the Captain check the staffing regularly to ensure compliance. He said the Captain checks it daily and if they do not comply he addresses it with the PCM and a notice to the administration is sent. The PCM stated that when assessing staffing level and need for video monitoring they determine staffing needs and physical plant, to include video monitoring and the use of mirrors. He stated the staffing plan is assessed annually and all parameters are included. Once the facility leadership agrees on the safe and reasonable standard, the data is forwarded to the PC and signed off on or returned for revision.

115.13 (b): 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 PAQ indicated that deviations from the staffing plan have occurred and that the most common reasons for the deviations were staff shortages, emergency medical trips and constant suicide watch. A review of three examples provided in the supplemental PAQ documentation indicated that deviations were documented to include the post that involved the deviation and the reason for the deviation as well as the date and time the deviation occurred. An additional review of deviations on-site indicated that all deviations were documented including the date, time and reason. The interview with the Warden confirmed that deviations have occurred and that the deviation are documented through a notice to administration (NTA). He stated that the reasons for deviation are documented on the NTA.

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 June 17, 2021 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. Previous reviews were completed on June 24, 2020 and November 18, 2019. 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 signification change that would require re-evaluation of the plan.

115.13 (d): 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 ten notebook pages of unannounced rounds being made on both shifts. The auditor requested additional unannounced rounds for six different days over the last six months and confirmed that unannounced rounds were made in all housing units daily by the shift supervisor on each shift. The Unit Manager made rounds daily (Monday through Friday on day shift) and the Chief of Unit Management and the Assistant Warden made rounds at least once a week. Interviews

with three intermediate-level supervisors indicated that they make unannounced rounds and that they document the rounds in the log book. The staff said that they do their rounds randomly and that they tell the staff not to let one another know. One staff member stated she may do one hallway first one day and another hallway first the second day.

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), 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.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

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

Documents:

1. Pre-Audit Questionnaire
2. Memorandum from the PREA Compliance Manager

Interviews:

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

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The PAQ and the memo from the PCM indicated that no youthful inmates are housed at Wheeler CF. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (b): The PAQ and the memo from the PCM indicated that no youthful inmates are housed at Wheeler CF. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

115.14 (c): The PAQ and the memo from the PCM indicated that no youthful inmates are housed at Wheeler CF. During the tour, it was observed that no inmates under the age of 18 were housed at the facility. The Warden and PCM confirmed that the facility has not and does not house inmates under the age of 18. As such, this provision is not applicable.

Based on a review of the PAQ, the memo from the PCM, observations made during the tour and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such compliant.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

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

Documents:

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

Documents Received During the Interim Report Period:

1. Email from the PREA Compliance Manager
2. Staff Training Documents

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement Painting

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. 14-2 Sexual Abuse Prevention and Response, 3 states that cross gender inmate/detainee strip searches and cross gender visual body cavity inspections shall not be conducted except in exigent circumstances. A cross gender visual inspection of a body cavity under exigent circumstances shall be conducted only pursuant to an approved cross gender strip 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 PCM indicated that searches are conducted based on the inmate's preference. All five transgender inmates indicated they were asked their preference related to searches. Four of the five stated they have only been searched by staff of the gender they prefer.

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 states 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 501B Notice of Administration (NTA) in accordance with CoreCivic Policy 5-1 Incident Reporting. 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. Interviews with 41 inmates indicated that 39 had never been naked in front of a female staff member and as such had privacy when showering, using the restroom and changing their clothes. Two inmates indicated there are shower walls but they did not think they were high enough. All fifteen of the staff interviewed confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all fifteen staff indicated that an announcement is made when an opposite gender staff member enters a housing unit. 39 of the 41 inmates confirmed that the opposite gender announcement is made. During the tour, the auditor heard the opposite gender announcement being made upon entry into each of the housing units. Additionally, opposite gender announcement requirement information was painted and/or posted on or next to housing unit entrance doors. The auditor observed that all housing units afforded inmates privacy through raise half walls, curtains and solid doors with security windows.

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 twelve staff indicated that ten were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with the five transgender inmates indicated that four had never been searched for the sole purpose of determining their genital status. One inmate stated she felt like she was searched for that reason after she arrived because they questioned her about why she waited so long to identify.

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 states that there are three options for pat searches and strip searches of transgender or intersex inmates/detainees: pat search conducted only by female staff; asking inmate/detainee 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 search and strip search 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 eighteen staff training records indicated that all eighteen had received the search 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. Further review indicated that the search training required by the GDC does not outline transgender or intersex search techniques related to appropriate methods of search. The facility staff are required to take the GDC training. As such, the staff are not provided the information as outlined in 14-2 Sexual Abuse Prevention and Response. During the interim report period, the facility conducted a mass staff training on November 9, 2021 and November 10, 2021 related to appropriate transgender and intersex inmate searches as outlined in CoreCivic policy. The auditor was provided the associated training records and was advised that the training will be incorporated into the pre-service and annual in-service training.

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 to include raised half walls, curtains, cell doors with security windows, the opposite gender announcement, information from interviews with random staff, random inmates and transgender and intersex inmates as well as the updated staff training related to transgender and intersex inmate searches this standard appears to have been corrected and as such is compliant.

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

115.16 (a)

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. TTY Phone Memo
4. Staff Translator Information
5. Language Line Service, Inc.
6. Inmate Handbook - Spanish

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 PCM provided a memo indicating the TTY phone is available at the facility in the education department. 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 Language Line 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. Interviews with five disabled inmates indicated three received information in a format that they could understand. Two of the inmates stated they never received any PREA education, however the posted information was in a format they could understand. During the tour the auditor observed that PREA information was posted and painted in each housing unit and in common areas. The information was posted/painted in large print and bright colors.

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 has staff that can interpret Spanish and Lionbridge Translation and Localization Services company for other languages. The facility has a staff translator who can be utilized when necessary. The agency has a contract with Language Line Services (rather than Lionsbrige), Inc. 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 signed on February 11, 2011. A review of the inmate handbook confirmed that PREA information is available in Spanish. 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 Language Line 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. During the on-site portion of the audit, the auditor utilized Language Line Services for the

LEP inmate interviews. Interviews with three LEP inmates indicated that one inmate received information in a format that he could understand. The other two inmates stated they never received PREA education, however there are signs around the facility in Spanish. During the interim report period, the facility re-educated all LEP and disabled inmates. The auditor was provided training records for confirmation. During the tour the auditor confirmed that PREA information was posted and painted in each housing unit and in common areas. The information was in both English and Spanish.

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 ten 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 five disabled and three LEP inmates indicated that none had an inmate translator, interpreter or assistant utilized.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, the TTY Phone Memo, the contract with Language Line Service, Inc. , the inmate handbook – Spanish, inmate re-education materials, observations made during the tour to include the PREA signage as well as interviews with the Agency Head Designee, random staff, disabled inmates and LEP inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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
6. Volunteer Background Files
7. Corrective Action Plan from 2019 Internal Audit
8. Five Year Criminal Background Records Check Spreadsheet

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 five contractor files confirmed that all five 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 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. He also stated that they contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignations during a pending investigation.

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 did not indicate the number of contracts for service where criminal background records checks were conducted on all staff covered under the contract. Further communication with the PCM indicated that all contracts for services have had a criminal background checks conducted on all staff covered under the contract. A review of five contractor personnel files indicated that a criminal background records

check had been conducted for all five. Human Resource staff confirm that contractors have a criminal background 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. Human Resource staff indicated that the records department checks the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC). He stated that they keep a spreadsheet that is monitored for the five year background check dates for contractors and employees. A review of five staff who were hired over five years prior revealed that only one had a five year background check completed. Most of the staff had an initial background records check completed, however no subsequent checks were completed until 2020. The Human Resource staff provided the auditor with a corrective action plan from a 2019 internal audit that found five year background records checks were not being conducted per policy. Along with the identified deficiency the staff provided the auditor with the documentation showing the updated process, including the tracking spreadsheet, showing this deficiency was corrected. All staff had a five year background records check completed after August 2019 or in 2020 to correct the issue and the spreadsheet tracking mechanism is now utilized to ensure they are completed per policy.

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. 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. He stated that all employees have a continuing affirmative duty to report.

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.

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, the corrective action plan, the five year criminal background records check tracking spreadsheet and information obtained from the Human Resource staff interview indicates the facility appears to have corrected this standard and as such is compliant.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Camera Listing
4. Form 7-1B PREA Physical Plant Considerations

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant

2. Observations of Video Monitoring Technology

Findings (By Provision):

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, however the agency as a whole has. 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 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 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. A review of camera locations indicates that the facility has hundreds of cameras strategically located throughout housing, work, program and common areas. During the tour, the auditor observed video monitoring technology and mirrors strategically placed in all housing units and common areas. The auditor recommended two additional cameras in laundry and intake. The auditor also recommended that a mirror be placed in the second dish room in food service. 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.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, camera listings, 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.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Documents:

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 SART, LLC
6. Staff Victim Advocacy Training Records
7. Documentation of Forensic Medical Examinations

Interviews:

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

Findings (By Provision):

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 is 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 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 evidence protocol is outlined in the Georgia Department of Corrections Policy 208.06. Interviews with random staff indicate that fourteen of the fifteen knew and understood the agency's protocol on obtaining usable physical evidence. Additionally, all fifteen staff stated they knew that the facility investigator and/or the facility's Sexual Assault Response Team were responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful inmates. The PAQ did state that 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 memo from the Warden states that anytime an outside investigation is requested or needed by the facility, the Warden or designee will request it through the Georgia Department of Correction's Office of Professional Standards (OPS). The Office will conduct the investigations and/or contact the Georgia Bureau of Investigations to request additional assistance as needed. 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 evidence protocol is outlined in the Georgia Department of Corrections Policy 208.06

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. 14-02 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 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. The policy indicated that the patient inmate/resident will be transported to Statesboro Regional Sexual Assault Center. The facility indicated that this is incorrect and policy needs updated. The inmate is no longer transported to an outside hospital. A review of the MOU with SART, LLC confirms the facility agrees to provide necessary space and security for the SAFE/SANE examiner to conduct the exam, while 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 Wheeler CF, 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. The MOU states that the protocol shall be 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 stated that there were two forensic exams conducted in the previous twelve months. The PAQ indicted that these exams were performed by a SANE/SAFE nurse on-site at the facility. The interview with SART, LLC confirmed that they provide forensic medical examination on-site by SANE certified staff. A review of documentation confirmed that there were two forensic exams completed on-site by SANE through SART, LLC.

115.21 (d): The PAQ indicated that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 14-02 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 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. Documentation confirmed that Wheeler CF has six staff members that have completed the Sexual Assault Response Team (SART) Victim Advocate Training. The PCM stated that the facility does not have an MOU with an outside agency for victim advocacy but that they do have facility staff who have been trained to be a victim advocate and who will report to the facility when the inmate requests an advocate. He further stated that they have made numerous attempts with Satilla Advocacy Services and The Refuge House in Vidalia for services but both have repeatedly declined to offer their services. The PCM stated that they do have an MOU with SART, LLC for SANE and that the SANE who responds to the facility is excellent in walking the inmates through the process. Interviews with inmates who reported sexual abuse indicated that one was allowed to contact the mental health staff member after the allegation.

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. 14-02 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 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. Documentation confirmed that Wheeler CF has six staff members that have completed the Sexual Assault Response Team (SART) Victim Advocate Training. The PCM stated that the facility does not have an MOU with an outside agency for victim advocacy but that they do have facility staff who have been trained to be a victim advocate and who will report to the facility when the inmate requests an advocate. He further stated that they have made numerous attempts with Satilla Advocacy Services and The Refuge House in Vidalia for services but both have repeatedly declined to offer their services. The PCM stated that they do have an MOU with SART, LLC for SANE and that the SANE who responds to the facility is excellent in walking the inmates through the process. Interviews with inmates who reported sexual abuse indicated that one was allowed to contact the mental health staff member after the allegation.

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 conducts administrative investigations while the Georgia Criminal Investigations Division conducts 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.

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

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

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, staff victim advocacy training documents, documentation of forensic medical examinations 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 be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

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. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

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 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 and three that were referred for criminal investigation. A review of documentation indicated there were 23 sexual abuse and sexual harassment allegations, three of which had both a criminal and an administrative investigation initiated. All 23 administrative investigations were completed during the audit period, while the three criminal investigations had been referred for prosecution and the facility did not have any additional updates. 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 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>. A review of investigative reports and referrals indicted that three allegations were referred for criminal investigation and subsequently prosecution. The interview with the facility investigator indicated that they notify GDC on every sexual abuse or sexual harassment allegation and they (GDC) say whether they will investigate or the facility (Wheeler CF) will investigate.

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. 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, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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, detention, 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 eighteen 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 indicated that training is conducted annually and covers all the required components under this provision. Specifically staff stated the training covers LGBTI topics, who to report to and how to handle an allegation of sexual abuse.

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. Facility staff indicated that staff at female facilities are provided additional training related to female inmates, however Wheeler CF houses adult male inmates and as such the training is not 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 trained annually and that in between trainings staff are provided information during monthly unit team 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 eighteen staff had received PREA training in the last year and sixteen had PREA training the previous two years. The two that did not receive the training the previous two years were new hires and had received training upon hire.

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 Acknowledgment 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 eighteen staff training records indicated that all eighteen 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 exceeds this standard. Staff are provided PREA training annually, rather than every other year. Additionally, staff receive information during formal and informal meetings. Staff interviews confirmed that staff were knowledgeable on PREA and their responsibilities.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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 36 volunteers and contractors had received PREA training, which is less than 100%. Further communication with the PCM indicated that 43 total volunteers and contractors received the required training, which is equivalent to 100%. A review of a sample of nine contractor training records indicated that all nine had received PREA training. The facility did not have any active volunteers during the audit period due to COVID-19, however the facility provided the auditor example volunteer training in the documentation submitted with the PAQ. The interviews with the contractor confirmed that she has received training related to her 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 nine contractor training records indicated that all nine had received PREA training. The interview with the contractor confirmed she received training when she was hired and that she also receives it annually online. She stated she watched a video and had a class on the information. She further stated they provided her a card that has information on what to do related to allegations of sexual abuse. The contractor confirmed that the training including information on the zero tolerance policy and how to report sexual abuse.

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 nine training documents for contractors indicated that 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.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

Documents Received During the Interim Report Period:

3. Email from the PREA Compliance Manager
4. 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 that all inmates received information on the zero tolerance policy and how to report at intake. Further communication indicated that all 439 inmates had received information at intake, which is equivalent to 100% of inmates who arrived at the facility during the previous twelve months. A review of 26 inmate files of those received within the previous twelve months indicated that all 26 received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the PREA pamphlet upon arrival. The interview with intake staff confirmed that inmates receive information on the zero tolerance policy and how to report allegations of sexual abuse. The intake staff indicated that on the back dock the intake officer tells the inmates about the zero tolerance policy. When they come into the housing unit they are then provide a pamphlet and she goes over how to report, the zero tolerance policy, where information is posted and where the telephones are located. 37 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, 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 all inmates received comprehensive PREA education within 30 days of intake. Further communication with the PCM indicated that 493 inmates received comprehensive PREA education, which is equivalent to 100% of inmates that arrived at the facility and stayed over 30 days. A review of 26 inmate files of those received in the previous twelve months indicated that 25 had received comprehensive PREA education within 30 days of intake. One inmate did not have documentation confirming completion of comprehensive PREA education. The intake staff indicated that on the back dock the intake officer tells the inmates about the zero tolerance policy. When they come into the housing unit they are then provide a pamphlet and she goes over how to report, the zero tolerance policy, where information is posted and where the telephones are located. She further stated that the inmates then watch a video and she stops it at certain points to brief them on what the video went over. She stated the inmates are given a chance to ask any questions and then they sign a form indicating they received the information. 37 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. Most inmates indicated they received the information the first day they arrived.

115.33 (c): The PAQ did not indicate whether all current inmates at the facility had been educated on PREA. Further communication with the PCM indicated that all current inmates have received PREA education. 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 all inmates that enter the facility are provided the PREA video on the first or second day. During documentation review the auditor randomly selected two inmates that had been at the facility prior to 2013. Neither of the two had documentation indicating that they received comprehensive PREA education after the standards were released in 2013. Additionally, one other inmate (that arrived within the previous twelve months) did not have documented PREA education. On November 9, 2021 the auditor was provided documentation confirming the two inmates that arrived prior to 2013 and the one that had not received education after 2013 were educated during the interim report period.

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. A review of five disabled inmate training records indicated that all five had received comprehensive PREA training and signed that they understood the

training. A review of three LEP inmate files confirmed that all three signed they had received the PREA education. However, the inmates signed an acknowledgement form in English. On November 9, 2021 the auditor was provided documentation confirming that the three LEP inmates were provided PREA education in a format that they could understand. All three LEP inmates signed the Spanish acknowledgment form.

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 26 inmate files of those that arrived in the previous twelve months indicate that 25 signed documentation indicated that they had received PREA education. An additional review of 21 inmate files that were at the facility prior to the twelve months indicated that all 21 had signed that they received comprehensive PREA 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 PREA pamphlet, inmate handbook and PREA posters. During the tour, the auditor observed the PREA signage posted and painted in each housing unit and in common areas.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA pamphlet, the inmate handbook, the PREA posters, the PREA video, a review of inmate records, documents received during the interim report period to include the email and additional inmate training 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 be corrected during the interim report period and as such compliant.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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 documentation indicated that three staff are documented with the NIC specialized investigator

training. All three staff were the investigators involved in the sample of reviewed investigations. The interview with the facility investigator confirmed that she completed specialized training through the NIC website and through the PREA training for investigators through the agency. She stated that the training went over what PREA is, how to conduct interviews, how to treat and not treat victims (don't interrogate) and to not revictimize the inmate victim.

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. The PAQ indicated there are two facility staff that conduct investigations and that both have completed the NIC training. A review of documentation indicated that three staff are documented with the NIC specialized investigator training. All three staff were the investigators involved in the sample of reviewed investigations. The interview with the facility investigator confirmed that the required topics were covered in the training. She stated that she does not have a law enforcement certification though, so anything criminal would be turned over to GDC and they would handle Miranda and Garrity warnings.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and three investigators have completed the required training. A review of documentation indicated that three staff are documented with the NIC specialized investigator training via a completed training certificate. All three staff were the investigators involved in the sample of reviewed investigations

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 interview with the facility investigator, indicates that this standard appears to be compliant.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

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 consists of either the NIC Sexual Abuse and Sexual Harassment in a Confinement Setting for Health Care Staff or the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, both trainings include the following topics: 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 or suspicion of sexual abuse and sexual harassment. The PAQ did not indicate the number of medical and mental health staff but did indicate that 100% of medical and mental health staff received the specialized training. A review of eight medical and mental health staff training records indicated that seven of the eight had received the specialized medical and mental health training. The one staff that did not have the training was no longer an active staff member. The interviews with medical and mental health care staff confirmed that they completed specialized training on the computer and that they receive PREA training annually. The staff stated the training covers early warning signs, reporting, how to handle referrals, how to handle sexual assault victims and forensic medical examinations. Both staff confirmed that the required topics under this provision were included 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. Interviews with medical staff confirm that they do not perform forensic medical 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 eight medical and mental health staff training records indicated that seven of the eight had received the specialized medical and mental health training. The one staff that did not have the training was no longer an active staff member.

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 Acknowledgment 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 eight medical and mental health staff training documents indicated that four had completed the contractor PREA training and three had completed the staff PREA training. The one staff member that did not have the staff PREA training was no longer active.

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.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:

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

Interviews:

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

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

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 interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and/or abusiveness upon arrival. During the tour, the auditor observed the intake area. The risk screening is conducted in a private office setting.

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 all 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. A review of 25 inmate records of those received in the previous twelve months confirmed that all 26 were screened within 72 hours. The interview with the staff who perform risk screening confirmed that inmates are screened for their risk of victimization and/or abusiveness within 72 hours of arrival at the facility. Interviews with seven inmates that arrived within the previous twelve months confirmed that six had an initial risk screening completed the first day they 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 indicated that the risk screening consists of yes or no questions and a file review. She stated that the inmates are asked if they have been raped in jail, whether they have any prior offenses, if they feel like they will be taken advantage of, if they have any sexual charges, if they identify as LGBTI, if they have a prior criminal history and if they have violent or non-violent offense. She also stated they look at physical stature, age, mental health and disabilities.

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 indicated that the risk screening consists of yes or no questions and a file review. She stated that the inmates are asked if they have been raped in jail, whether they have any prior offenses, if they feel like they will be taken advantage of, if they have any sexual charges, if they identify as LGBTI, if they have a prior criminal history and if they have violent or non-violent offense. She also stated they look at physical stature, age, mental health and disabilities.

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 all of inmates entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. The interview with the staff responsible for the risk screening indicated inmates are reassessed between fifteen and 30 days. Interviews with seven inmates that arrived within the previous twelve months indicated that four were asked the risk screening questions on more than one occasion. They stated it was a few weeks after arrival. A review of 26 inmate files of those that arrived over the previous twelve months indicated nineteen inmates were reassessed within the 30-day timeframe. Four of the inmates arrived within the last 30 days and their reassessments were not yet due and the other four had a reassessment but it was outside of the 30 day time frame.

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 sexual abuse investigations indicated that three were substantiated and as such required a reassessment. The facility provided documentation confirming all three inmate victims were reassessed after their substantiated sexual abuse allegation. 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. Interviews with seven inmates that arrived within the previous twelve months indicated that four were asked the risk screening questions on more than one occasion. They stated it was a few weeks after arrival.

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 interviews 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. 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 that the risk assessment (14-B) or the partner agency risk assessment is 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 computers are protected by passwords that are not accessible by all staff. The PCM stated that access to victim/aggressor classification is limited to those with a need to know. This information is in the GDC's offender based information system called SCRIBE and specific access has to be given for staff to access the information. The staff who conduct the risk screening indicated that the information is accessible to case managers, medical and mental health.

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 be compliant.

Standard 115.42: Use of screening information

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of

such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

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

Interviews:

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 for housing assignments and/or program placement. He stated that having both secure cell housing units and open dormitory style housing units gives the facility more flexibility when determining housing. He further stated that they consider the inmate's preference and physical plant layout, keeping potential victims front and center or in clear view of video cameras. The interviews with the staff responsible for the risk screening indicated that the information from the risk screening is utilized to classify them as an aggressor or a victim and that is how they are placed in housing units. She stated no victim would be housed with an aggressor. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not placed in cells together. Additionally, they did not work together and did not attend education/programs together to the extent possible.

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 to classify them as an aggressor or a victim and that is how they are placed in housing units. She stated no victim would be housed with an aggressor. A review of inmate files indicated each inmate's housing is determined based on their risk assessment and as such each housing determination is made on a case-by-case basis.

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 the male or female housing determination is made by the Georgia Department of Corrections and because they contract to house state inmates, they do not review inmates for male/female housing determinations. The PCM stated that once they arrive at the facility they conduct a multidisciplinary assessment with the inmate in order to determine appropriate housing, programming and work assignments. Interviews with five transgender inmates indicated that three of the five were asked about their safety. Four of the five inmates stated that they did not feel they were housed solely in one facility, unit or dorm based on their gender identify. A review documentation for five transgender inmates indicated that four had a review of housing. The one that did not have a review had just arrived at the facility within the past 30 days.

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 five transgender inmate files indicated that four had biannual assessments completed in 2021. The staff responsible for the risk screening confirmed that transgender and intersex inmates are reassessed biannually. The PCM further confirmed that placement and programming assignments for each transgender or intersex inmate are reassessed biannually.

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 PCM stated that a personal interview is conducted between the inmate and the multidisciplinary assessment team. Interviews with five transgender inmates indicated three were asked about their safety.

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 transgender and intersex inmates are given the opportunity to shower separately in medical. He stated that they are advised upon arrival and again during the biannual assessment. Interviews with five transgender inmates indicated three were afforded the opportunity to shower separately. During the tour it was observed that the shower in medical is a single person shower with privacy. This is the area where transgender inmates are able to shower separately. The showers in the housing units have half wall barriers and a curtain at the entrance and provide partial privacy from others.

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 seven inmates who identified as LGBTI indicated that inmates were not assigned to one housing unit based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that 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 seven LGBTI inmates indicated that six did not feel that they were placed in any specific housing unit based on their sexual preference and/or gender identity.

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 be compliant.

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Documents:

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. Housing Assignments of Inmates at High Risk of Victimization

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interviews with Inmates in Segregation for their Risk of Victimization

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 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. During the tour the auditor did not observe any inmates in segregated housing due to their risk of victimization.

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 I.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. She 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.

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 that if they were unable to locate an alternative means of separation that they would contact GDC, who is good with having the inmate moved to another facility. The interviews with the staff who supervise inmates in segregated housing indicated that the inmate would only be involuntarily segregated until they could find alternative housing. She indicated that the length of time would ordinarily not exceed 30 days. 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 each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The interviews with the staff who supervise inmates in segregated housing indicated that inmates in segregated housing would be reviewed at least every 30 days.

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

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Inmate Handbook
4. PREA Posters
5. The Ethics Line Poster
6. 14-2AA PREA Prevent Detect Respond Pamphlet

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with Random Staff
3. Interview with Random Inmates

Site Review Observations:

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 Wheeler CF policy states inmates/detainees may report by dialing 7733 on the inmate telephone (this is the GDC PREA reporting hotline) or electronically using the GOAL device to PREA.REPORT@GDC.GA.GOV. A review of additional documentation to include the inmate handbook and PREA signage, indicated that there are multiple ways for inmates to report. These methods include; by dialing 7733, 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. During the tour, it was observed that information related to the reporting hotline (7733) was posted and painted throughout the facility. Interviews with 41 inmates confirm that all were aware of at least one method to report sexual abuse and/or sexual harassment. Most inmates indicated that they would report through the hotline number, the kiosk, in writing or verbally to staff. Interviews with fifteen staff confirm that inmates have multiple ways to report sexual abuse and sexual harassment allegations. Staff stated that inmates can call the hotline, report to their family or report to staff verbally or in writing.

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 indicates that the outside reporting agency for Wheeler CF is the Alamo Police Department. Further communication with the PCM indicated he is not certain that Alamo Police Department is the outside reporting mechanism. The PREA pamphlet advises inmates they can report by calling the number posted to an agency outside of the facility (you can remain anonymous upon request). During the tour, the auditor did not observe any posted information related to the outside reporting mechanism. The interview with the PCM indicated GDC was contacted regarding this provision and that the facility was told to utilize the Director of Victim Services and the State Board of Pardons and Paroles. He indicated because he was most recently provided the information he was unsure how the process worked. Because the information was not available during the on-site portion of the audit, the auditor was unable to test the functionality of the reporting mechanism. Interviews with 41 inmates indicated that seven were aware of an outside reporting mechanism and 25 were aware they could report anonymously. While the PAQ indicated that inmates are not detained solely for civil immigration purpose at Wheeler CF, 14-2 Sexual Abuse Prevention and Response does indicate one page 19 that inmates/detainees detained solely for civil immigration purposes shall be provided information on how to contact relevant consular offices and relevant officials at the Department of Homeland Security.

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 Wheeler CF policy states inmates/detainees may report by dialing 7733 on the inmate telephone (this is the GDC PREA reporting hotline) or electronically using the GOAL device to PREA.REPORT@GDC.GA.GOV. A review of additional documentation to include the inmate handbook and PREA signage, indicated that there are multiple ways for inmates to report. These methods include; by dialing 7733, 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. Interviews with 41 inmates confirmed that 39 knew they could report verbally or in writing

to staff and 37 were aware they could report through a third party. Fourteen of the fifteen staff indicated they accept all allegations of sexual abuse and sexual harassment made verbally, in writing, anonymously and through a third party. One staff member stated he was not sure if the inmates can report through a third party, but can report through the other methods. All fifteen staff stated they would immediately document any verbal reports. A review of thirteen investigations indicated that two allegations were reported in writing, one was reported anonymously, one was reported via a third party and the remaining allegations were verbally reported to staff.

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 through a confidential report or directly to their supervisor in private.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the inmate handbook, PREA signage, the Ethics line signage, the PREA pamphlet, observations from the facility tour related to PREA posters and other posted information and interviews with the PCM, random inmates and random staff, this standard appears to require corrective action. The policy indicates that the outside reporting agency for Wheeler CF is the Alamo Police Department. Further communication with the PCM indicated he is not certain that Alamo Police Department is the outside reporting mechanism. The PREA pamphlet advises inmates they can report by calling the number posted to an agency outside of the facility (you can remain anonymous upon request). During the tour, the auditor did not observe any posted information related to the outside reporting mechanism. The interview with the PCM indicated GDC was contacted regarding this provision and that the facility was told to utilize the Director of Victim Services and the State Board of Pardons and Paroles. He indicated because he was most recently provided the information he was unsure how the process worked. Because the information was not available during the on-site portion of the audit, the auditor was unable to test the functionality of the reporting mechanism. Interviews with 41 inmates indicated that seven were aware of an outside reporting mechanism and 25 were aware they could report anonymously.

Corrective Action

The agency will need to gather more information related to which outside reporting mechanism will be utilized and how that reporting process works. Once they determine this information they will need to provide a memo the auditor indicating who the outside entity is, how inmates can report to them, how they can remain anonymous and how the information is relayed back to the facility for investigation. If the facility plans to utilize the GDC methods and inmates are required to send a letter, the facility will need to send a test letter to ensure functionality and provide the auditor confirmation. If inmates can only report to the entity via mailing address, the facility will need to determine how they can remain anonymous (can they send it without putting their name and number on the return address area). Once all the information is determined, inmates should be informed of the outside reporting mechanism and it should be added to posters, handbooks and other distributed materials. The material needs to identify the entity as an outside mechanism and must inform the inmates that they can report anonymously and how they can do this. All updated information will need to be provided the auditor, including confirmation that all current inmates were educated on the mechanism.

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. Emails Between the Georgia Department of Corrections and CoreCivic
2. Reporting Poster
3. Memorandum Related to Education of Current Inmate Population On Reporting Mechanism
4. Photos of Reporting Poster
5. Confirmation of Test Letter to the Office of Victim Services

On February 16, 2022 the auditor was provided emails related to information regarding the outside reporting mechanism for the Georgia Department of Corrections. The PC for the Georgia Department of Corrections indicated that that they utilize the Office of Victim Services, State Board of Pardons and Paroles as their outside reporting mechanism. A review of the state website confirmed that the organization is a state entity but is independent of the Department of Corrections. The emails confirmed that CoreCivic was able to utilize this outside reporting mechanism. On February 25, 2021 the PC provided a reporting poster that included the mailing address to the Office of Victim Services. The poster stated “to report sexual abuse or sexual harassment to an agency that is not part of CoreCivic or the Georgia Department of Corrections you may write to: Office of Victim Services...”. The poster further advises that the inmate may remain anonymous by request and that all reports will be referred for investigation. Further information indicated that inmates are required to put return address information, however if they indicate in the letter they want to remain anonymous it is their option. The Office of Victim Services is utilized for more than PREA reporting and as such inmates could be writing to this organization for more than one reason.

On March 16, 2022, the auditor was provided an email indicating that all current inmates at the facility were provided information on the outside reporting mechanism via town hall meetings. Additionally, the auditor was provided five photos of the reporting poster displayed throughout the facility with the outside reporting entity information. On March 7, 2022 the facility sent a letter to the Office of Victim Services, per the auditors request, in order to test the functionality of the outside reporting mechanism. The facility provided the auditor with confirmation from the GDC indicating that the Office of Victim Services received the letter and forwarded it to their office who then forwarded it to the facility. The correspondence contained a copy of the original letter that was mailed to confirm receipt.

Based on the available use of the Office of Victim Services, the education of the current inmate population, the reporting poster with appropriate information and confirmation of the functionality of the test letter this standard appears to have been corrected and as such compliant.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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.

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.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local,

State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Pamphlet
4. Memorandum of Understanding with Satilla Advocacy Services

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 was blank for this provision but further communication with the PCM 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 Satilla Advocacy Services confirms that they agree to provide inmates with confidential emotional support services related to sexual abuse including crisis intervention, information and referrals as needed via telephone calls. The MOU also states that SAS agrees to provide a sexual abuse/assault crisis line telephone number and mailing address that may be posted throughout the facility and in written resources given to inmates. A review of documentation indicated that inmates were not provided with a mailing address or telephone numbers to a local, state or national victim advocacy service. Additionally, during the tour the auditor did not observed advocacy information posted at the facility and was unable to test the victim advocacy contact mechanism(s). The PC stated that the GDC indicated they are not required to provide the inmates with access to call the phone number, but rather they can write to the address and that is sufficient to show reasonable communication effort. He stated they were working out a method for the phone calls and correspondence and as such they have not provided the inmates with the information yet. Interviews with 41 inmates indicated 27 were aware of some type of victim advocacy service. Ten of the 27 stated they didn't know anything about it but they knew the information was either posted or in the information they were provided. Interviews with inmates who reported sexual abuse indicated that none of the six were provided a mailing address or telephone number to a rape crisis center. One inmate did state he declined all services because he was mad about the allegation so he can't confirm for sure he wasn't provided the information. 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 was blank for this provision but further communication with the PCM 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 PREA pamphlet states 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. A review of documentation indicated that inmates were not provided with a mailing address or telephone number to a local, state or national victim advocacy service and as such they were not specifically provided information related to how the services would be monitored. Additionally, during the tour the auditor did not observed advocacy information posted at the facility. The PC stated that the GDC indicated they are not required to provide the inmates with access to call the phone number, but rather they can write to the address and that is sufficient to show reasonable communication effort. He stated they were working out a method for the phone calls and correspondence and as such they have not provided the inmates with the information yet. Interviews with 41 inmates indicated 27 were aware of some type of victim advocacy service. Ten of the 27 stated they didn't know anything about it but they knew the information was either posted or in the information they were provided.

Interviews with inmates who reported sexual abuse indicated that none of the six were provided a mailing address or telephone number to a rape crisis center. One inmate did state he declined all services because he was mad about the allegation so he can't confirm for sure he wasn't provided the information.

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 Satilla Advocacy Services that was signed on October 8, 2021.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the 14-2AA PREA Pamphlet, the MOU with SAS, observations from the facility tour related to PREA signage and posted information and information from interviews with random inmates, inmates who reported sexual abuse and the staff member from SAS, this standard appears to require corrective action. While the facility has an MOU with SAS, inmates were not provided with the mailing address and phone number. The PC stated that the GDC indicated they are not required to provide the inmates with access to call the phone number, but rather they can write to the address and that is sufficient to show reasonable communication effort. He stated they were working out a method for the phone calls and correspondence and as such they have not provided the inmates with the information yet. A review of documentation indicated that inmates were not provided with a mailing address or telephone numbers to a local, state or national victim advocacy service. As such, inmates were not informed about how to contact the organization and the level of confidentiality. Additionally, during the tour the auditor did not observe advocacy information posted at the facility and was unable to test the victim advocacy contact mechanism(s).

Corrective Action

The facility will need to determine how inmates will be provided access to SAS. The facility will need to educate all current inmates on the organization, what they offer, how to reach them and the level of which their communication will be monitored. The auditor suggests that the facility update the inmate handbook with the required information and well as post the information around the facility and on the computers. The auditor also recommends that the information be emphasized during intake and during the comprehensive PREA education. The facility will need to provide the auditor with a process memo as well as documentation of current inmate education and updated posted/distributed 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. Emails Between the Georgia Department of Corrections and CoreCivic
2. Advocacy Poster
3. Photos of Advocacy Poster
4. Memorandum Related to Education of Victim Advocacy Information

On February 16, 2022 the auditor was provided documentation related to Standard 115.53. The facility provided the auditor with emails related to how inmates would be authorized to contact Satilla Advocacy Services. The GDC and CoreCivic came to the agreement to allow the inmates to confidentially contact

SAS on an outside line via Unit Staff. On February 25, 2021 the PC provided the advocacy poster that included Satilla Advocacy Service's mailing address and telephone number. The advocacy poster advised inmates "to obtain emotional support from an outside victim advocate you may write to: Satilla Advocacy Services...". It further indicated that SAS also has a crisis hotline and inmates can contact any member of their Unit Staff to call the number for them. The poster stated that calls to the crisis hotline are not monitored or recorded.

On March 16, 2022, the auditor was provided an email indicating that all current inmates at the facility were provided information on Satilla Advocacy Services via town hall meetings. Additionally, the auditor was provided five photos of the advocacy poster displayed throughout the facility with Satilla Advocacy Services information.

Based on the emails, the advocacy poster, the photos of the advocacy poster throughout the facility and the correspondence related to the education of the current inmate population, this standard appears to have been corrected and as such compliant.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. The Ethics Line Poster

Findings (By Provision):

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 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 1-866-461-9330 or through www.CoreCivic.ethicspoint.com. A review of the agency's website confirms that third parties can report via the phone number of 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>.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Ethics line poster and the agency's website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 2010 Georgia Code 30-5-8
4. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

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 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. 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 all would immediately report the information to their supervisor and/or the highest authority at the facility.

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. Both staff indicated they 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 statue, 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 law and reporting requirements. In most of the facilities a notification to law enforcement and a partner agency triggers the notification to any other agency as required. The Warden stated that normally anything that is sexual assault would be referred to the Georgia Department of Corrections who has criminal investigators who would handle the allegation.

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 this is the practice. A review of investigative reports indicate that all allegations were reported initially to the facility investigator and forwarded to the Georgia Department of Corrections to determine if they would investigate.

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.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

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 did not indicate the number of inmates who were at imminent risk of sexual abuse, but the PCM stated that there have been zero inmates were subject to substantial risk of imminent sexual abuse within the previous twelve months. 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 facility wise they would place the inmate in a different area of the prison that is more suitable for safety. He also stated that they can transfer any inmate, if necessary. He confirmed they would not place any inmate in segregated housing unless they specifically requested it. Interviews with fifteen staff confirmed that if an inmate was at imminent risk of sexual abuse they would immediately remove the inmate from the situation.

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

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports
4. Warden to Warden Notification Email

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

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 shall document that it has provided such notification through the 5-1B Notice to Administration. The PAQ did not indicate the number of allegations received that an inmate was abused while confined at another facility. Further communication with the PCM indicated that during the previous twelve months, the facility had one inmate report he was sexually abused while confined at another facility. A review of documentation confirmed there was one inmate who alleged on May 11, 2021 that he was sexually abuse at a GDC facility. The Warden provided an email with the information to the GDC facility Warden on the same day (May 11, 2021).

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 documentation confirmed there was one inmate who alleged on May 11, 2021 that he was sexual abuse at a GDC facility. The Warden provided an email with the information to the GDC facility Warden on the same day (May 11, 2021).

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 documentation confirmed there was one inmate who alleged on May 11, 2021 that he was sexual abuse at a GDC facility. The Warden provided an email with the information to the GDC facility Warden on the same day (May 11, 2021).

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 Wheeler CF. The interview with the Agency Head Designee indicated that if an allegation was alleged to have occurred at another facility, the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was that an incident of sexual abuse allegedly occurred within the CoreCivic facility, both the partner agency and the investigative entity response for criminal investigation would be notified. The Agency Head Designee stated that 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 they have not had any of these types of allegations over the previous twelve months, but if there were that the facility would work with the other facility to investigate the allegation. A review of thirteen investigative reports confirmed none were reported via Warden to Warden and that all were reported either verbally, in writing, anonymously or through a third party to staff at Wheeler CF.

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

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Documents:

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 thirteen allegation of sexual abuse, all thirteen which required the first security staff member to separate the alleged victim and abuser and were reported in a timeframe that still allowed for the collection of physical evidence. The PAQ did not have a number for the times that the 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 thirteen investigative reports indicated that when applicable the victim and alleged perpetrator were separated with a housing change. None of the allegations reviewed involved a need for immediate physical separation. While two allegations occurred within a timeframe that still allowed for evidence collection, none involved securing a crime scene. Two did involve collection of physical evidence and as such included instruction/prohibition of the inmate from destroying evidence. The security first responder stated that she would separate the inmates, notify SART, take the inmate victim to medical and secure the area where it occurred. The non-security first responder stated she would make sure the individual was isolated from the perpetrator and other inmates and stay with the inmate victim until he/she could be escorted to medical. She further stated she would immediately notify security. Interviews with inmates who reported sexual abuse indicated that two involved first responder duties including moving the inmate perpetrators' housing assignment. Five of the six inmates indicated the allegation was investigated rather quickly. One inmate stated he reported his allegation and nothing was done. It should be noted the inmate who stated nothing happened was on the reported sexual abuse list and as such an investigation was attached to his allegation.

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 did not indicate the number of times a non-security first responder was the first responder. A review of thirteen investigative reports confirmed that none involved a non-security first responder. The security first responder stated that she would separate the inmates, notify SART, take the inmate victim to medical and secure the area where it occurred. The non-security first responder stated she would make sure the individual was isolated from the perpetrator and other inmates and stay with the inmate victim until he/she could be escorted to medical. She further stated she would immediately notify security. Interviews with fifteen random staff indicated that all stated they would take some type of action. Most stated they would separate the inmate from the situation and contact a supervisor. About half of the staff stated they would secure the crime scene.

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.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

Documents:

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

Interviews:

1. Interview with the Warden

Findings (By Provision):

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 representative, mental health representative and victim services coordinator. The memo from the Warden indicated that the following staff make up the facility SART; Chief of Unit Management, a registered nurse, the Chief of Security, a mental health counselor and the Health Service Administrator. 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.

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.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

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

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

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 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 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. Wheeler 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.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Memorandum from the Warden
4. Investigative Reports
5. 14-2C Sexual Abuse Incident Check Sheet
6. 14-2D PREA Retaliation Monitoring Report

Interviews:

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 did not indicate the staff responsible for monitoring, however the memo from the Warden confirms that the Mental Health Coordinator was appointed as the PREA retaliation monitor.

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. 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 the facility has a zero tolerance policy for retaliation. He stated if it did occur and it was a staff member, that they would address it accordingly through termination or prosecution. He stated all allegations of retaliation would be looked into and investigated. He indicated possible measures that could be taken include moving the staff member to another housing area or another facility and/or moving the inmate's housing unit (either through housing unit changes or a facility transfer). The staff responsible for monitoring indicated that once a sexual abuse allegation is reported she starts the 30, 60, 90 day review. She stated she goes to them and speaks to them to make sure they are not having any issues. She stated she reviews to make sure they have not been moved somewhere due to the PREA allegation.

The staff member stated they can offer housing changes, they can place the alleged perpetrator in segregation, they can get one of the inmates transferred and they can provide mental health services as protective measures. She stated she conducts in-person status checks at least once every 30 days. Interviews with six inmates who reported sexual abuse indicated that all felt protected against any retaliation. One stated he was in the hole and as long as he stayed there he was safe, another stated there are good staff at the facility.

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 and that the agency/facility acts promptly to remedy any such retaliation and 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 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 and take appropriate action. The interview with the staff member who monitors for retaliation indicated she makes sure there have been no negative work performance records, any changes in job assignments, housing changes, make sure they have not had any disciplinary reports and she would check if staff were placed on leave or assigned to a different housing unit. She indicated she would monitor for 90 days and that there is no maximum timeframe for monitoring. She stated if it was needed, it would continue indefinitely. A review of a sample of thirteen investigative reports indicated that seven required monitoring. All seven had monitoring initiated, six were completed and one was still ongoing. All seven had documentation indicating staff checked the required components under 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. A review of a sample of thirteen investigative reports indicated that seven required monitoring. All seven had monitoring initiated, six were completed and one was still ongoing. All seven had in-person status checks documented. The staff member who monitors for retaliation stated that she would monitor the inmate for

90 days and meet in person with the inmate every 30 days. She stated she meets with them in her office or in the housing unit in a private office

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 Warden indicated that the facility has a zero tolerance policy for retaliation. He stated if it did occur and it was a staff member, that they would address it accordingly through termination or prosecution. He stated all allegations of retaliation would be looked into and investigated. He indicated possible measures that could be taken include moving the staff member to another housing area or another facility and/or moving the inmate's housing unit (either through housing unit changes or a facility transfer).

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 be compliant.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Inmate Victim Housing Documents

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with 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 indicated that zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to a PREA allegation. A review of thirteen investigations indicated that none of the inmate victims were involuntarily segregated. Seven remained in their current housing assignment, three were taken to segregation for other unrelated disciplinary charges and two requested to be placed in segregated housing for protection. The Warden confirmed that the agency has a policy that prohibits placing inmates at who reported sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. He stated that they had not placed any inmates who reported sexual abuse in involuntary segregated housing since he has been at the facility. He further indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that if they were unable to locate an alternative means of separation that the Georgia Department of Corrections is very good with having the inmate moved to another facility. He further indicated that if there was an issue that the inmate would be moved out no later than the following week. 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. The staff stated that any restrictions would be documented. She 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 30 days. She 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, 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 be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Documents:

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. A review determined there were 23 allegations with three of the allegations involving both an administrative and criminal investigation. Of the 23 allegations, all administrative investigations were completed. A review of a sample of thirteen administrative investigations determined that all thirteen were completed within 30 days, and all were thorough and objective. The interview with the facility investigator confirmed that an investigation is initiated immediately, usually the same day the allegation is reported. She stated she investigates all allegations the same, regardless of how they are reported. She stated the only thing she couldn't do for an anonymous allegation is interview the individual who reported.

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. The PAQ indicated there are two facility staff that conduct investigations and that both have completed the NIC training. A review of documentation indicated that three staff are documented with the NIC specialized investigator training. All three staff were the investigators involved in the sample of reviewed investigations. The interview with the facility investigator confirmed that the required topics were covered in the training. She stated that she does not have a law enforcement certification though, so anything criminal would be turned over to GDC and they would handle Miranda and Garrity warnings.

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. A review of a sample of thirteen administrative investigations determined that all thirteen involved statements/interviews from victims, alleged perpetrators (if applicable) and witnesses (if applicable). Three of the thirteen involved a review of video monitoring and the collection of physical evidence (two included DNA through a forensic medical examination and one involved the collection of other evidence - social media). The interview with the facility investigator indicated she would normally check the cameras first in order to get an idea of what occurred or did not occur. She stated she would talk to the victim and get a statement and then interview the perpetrator and any applicable witnesses. The investigator stated she would look over any documentation and evidence, review the medical documentation, contact SANE (if necessary) and then review and analyze all the information and facts to determine a finding. She further stated that she would be responsible for collecting evidence including clothing, linens, medical documentation, SANE kits (which would then be turned over to GDC), video, statements and photos.

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. A review of investigative reports indicated that none of the fourteen administrative investigations involved compelled interviews, however there were three criminal investigations. The interview with the facility investigator indicated they contact GDC before they do any interviews and GDC would consult with the prosecutors.

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 interview with the investigator confirmed that she would not require an inmate victim to take a polygraph or truth telling device test. She further stated that credibility would be based on evidence, including video and other extenuating circumstances such as if they were on drugs. The six 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. 23 administrative investigations were completed in the previous twelve months. A review of thirteen of the investigations confirmed that all were documented in a written report with investigatory facts and findings. It should be noted that three of the investigations had an adequate investigative summary and should have included more detailed information to ensure the reader was able to follow how the investigative outcome was derived. The investigative file included the required information, but it was not transferred to the investigative report appropriately. The facility investigator stated that all administrative investigations are documented in a written report. She indicated that the report includes the allegation, notes from the interviews, assessments, evidence and an outcome. The facility investigator confirmed that all investigations include a review to determine if staff actions or failure to act contributed to the sexual abuse. She stated she looks at everything including cameras to ensure they were making their rounds and following policy and procedure.

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. There have been three criminal investigations related to sexual abuse within the previous twelve months, all three were referred for prosecution and at the time of the on-site portion of the audit the facility did not have any further updates. The interview with the facility investigator confirmed that all criminal investigations are completed by the Georgia Department of Corrections and that their investigations include a written report. She did state that the facility does not receive a copy of the report.

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 two allegations referred for prosecution since the last PREA audit. A review of documentation confirmed that three substantiated sexual abuse allegations were referred to GDC who investigated and referred two to the District Attorney for prosecution. The interview with the facility investigator confirmed that the facility notifies the GDC on every case and they make the referrals.

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 stated that they would still fully investigate in both circumstances, departure of staff and/or departure of inmate, as a crime was still committed.

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 usually the investigator will contact the PCM about the status and outcome of the case. The PCM stated that GDC conducts criminal investigation and that they follow-up via email with the Special Agent in Charge. He further stated that this was not always done on a systematic basis but they have recently put a process in place for regularly documented follow-up. The facility investigator stated that she would do whatever the GDC asked her to do, such as providing photos, escorting them around the facility and providing them copies of any documentation needed.

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 be compliant.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

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 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. 23 administrative investigations were completed in the previous twelve months and three were referred for criminal investigation. A review of thirteen investigations indicated that three were closed as substantiated. A review indicated the findings were accurate based on the evidence. The interview with the facility investigator confirmed that the level of evidence to substantiate an administrative investigation is a preponderance of evidence.

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.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports
4. 14-2E Inmate PREA Allegation Status Notifications

Interviews:

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 thirteen sexual abuse investigation completed within the previous twelve months, all of which involved an inmate notification. Upon further review it was determined that there were sixteen sexual abuse allegations in the previous twelve months. A review of thirteen investigations (twelve sexual abuse and one sexual harassment) confirmed that all thirteen had a victim notification. The interviews with the Warden and the facility investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The interviews with the six inmates who reported abuse indicated that three were informed of the outcome of their investigation, two in writing and one verbally. Of the three inmates who indicated they were not informed, one inmate stated nothing occurred with his investigation, one stated he did not receive an outcome yet and the other stated he told them he did not want to file a formal complaint he would rather they work it out a different way. Documentation review confirmed that all sexual abuse allegations involved a victim notification.

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 three investigations completed within the previous twelve months by an outside agency and all three involved an inmate notification. Upon further review it was determined that the three investigation were referred for prosecution, however there was not further information related to the status. The inmates were already informed in writing that their allegation was substantiated.

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 been substantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. Additionally, the PAQ indicated that the agency informed the inmates of the required components under this provision if applicable. A review of investigative reports indicated that six staff-on-inmate sexual abuse allegations were reported and two were substantiated. A review of documentation indicated that the inmate victims were not notified of the termination and/or resignation and were not informed whether the staff member was indicted. Interviews with inmates who reported sexual abuse indicated that three had allegations that were against a staff member. One inmate stated he was advised that the staff member was fired, while the other two indicated they were not informed of anything.

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. A review of investigative reports indicated that ten were inmate-on-inmate sexual abuse investigations and one was substantiated. A review of the investigation indicated it was referred to the District Attorney, but the facility did not get further information related to charges. The interviews with inmates who reported sexual abuse indicated that three were inmate-on-inmate. All three stated that they were not informed of anything related to their alleged perpetrator. A review of documentation confirmed that based on the outcomes, no notifications were required 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 eighteen notification to inmates and all eighteen were documented. Upon further review it was determined that there were sixteen sexual abuse allegations in the previous twelve months. A review of thirteen investigations (twelve sexual abuse and one sexual harassment) confirmed that all thirteen had a victim notification. The two staff-on-inmate substantiated investigation did not involve notification required under provision (c) and there were zero required notification under provision (d).

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 and information from interviews with the Warden, facility investigator and inmates who reported sexual abuse, this standard appears to require corrective action.

Corrective Action

The auditor was not provided documentation related to the victim notifications for the contractor and staff member of the substantiated cases. If the facility has the documentation they will need to forward it to the auditor. If they do not, the facility will need to train appropriate staff on the requirements under provision (d) and provide the auditor the curriculum and training 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. Victim Notifications

On February 18, 2021 the auditor was provided the requested documentation related to the two substantiated staff-on-inmate investigations. The documentation confirmed that the one inmate victim was notified that the contractor was no longer employed at the facility as well as that the staff member was indicated on a charge related to sexual abuse. The form indicated the inmate was notified on March 17, 2021. The inmate signed that he was informed of the information. The second inmate victim was notified on September 13, 2021 that the staff member was no longer employed at the facility. The inmate signed the form indicating he received the notification. Based on the additional provided documentation the auditor confirmed that this standard is compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Investigative Reports

Findings (By Provision):

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.

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 documentation indicated that the staff member resigned during the investigation, however the GDC completed the investigation and referred the case for prosecution.

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 investigative reports confirmed there was one substantiated staff-on-inmate investigation. The documentation indicated that the staff member resigned during the investigation, however the GDC completed the investigation and referred the case for prosecution.

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 was one staff member disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and was reported to law enforcement or relevant licensing bodies. A review of documentation indicated that the staff member resigned during the investigation, however the GDC completed the investigation and referred the case for prosecution.

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.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 22-1 Volunteer Services and Management
4. 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 indicated that there has been one contractor or volunteer who has been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed that there was one substantiated sexual abuse allegation against a contractor. The contractor was escorted from the building and prohibited from returning. The GDC completed an investigation and the case was preferred for prosecution. In addition, the facility contacted the contracting entity who terminated the individual due to violating company policy.

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 depending on the situation they could also be prosecuted. The Warden stated that there have not been any contractors or volunteers who violated the sexual abuse or sexual harassment policies while he was at the facility. He indicated he had only been there a short time though as interim Warden.

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.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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 stated 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 indicated there has been one administrative finding of guilt and zero criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of investigative reports confirmed there was one substantiated inmate-on-inmate sexual abuse allegation reported during the audit period. The inmate was disciplined through placement in segregated housing.

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 includes a raised security level, privilege restrictions (i.e. telephone, commissary, visitation, etc.) and/or segregated housing time. He 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 documentation indicated that the inmate perpetrator received discipline including segregated housing time.

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. He stated that if the inmate perpetrator was a mental health inmate that the mental health team would review the case in order to determine if the inmate should be held responsible for his/her actions.

115.78 (d): The PAQ states 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 do have a sex offender program and they would offer it to the inmate perpetrator. She stated they also have victim impact classes they can offer. The staff member stated that services are voluntary unless they can get the sex offender program mandated.

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 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 stated 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. There was one inmate who was disciplined for filing a false sexual abuse allegation. The investigation determined the incident did not occur and the inmate lied about the allegation. The inmate received restrictions on telephone and recreation.

115.78 (g): The PAQ indicates 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.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 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 also indicated that medical and mental health maintain secondary materials documenting

compliance with the required services. A review of medical and mental health files for three inmates identified who disclosed prior sexual victimization revealed that one was provided a follow-up with mental health, however the form did not indicate a date so the auditor was unable to confirm that it was provided within the outlined timeframe. The interview with staff responsible for the risk screening indicated that she would refer the inmate to mental health and they have fourteen days to see him/her. The interviews with the inmates who disclosed prior victimization indicated they both were offered a mental health follow-up but declined the services. During the on-site audit portion of the audit, the auditor identified that inmates were only referred to mental health if they disclosed that they were a victim of sexual abuse in a prison/confinement setting or they were classified as high risk. As such, inmates who disclosed prior victimization in the community who were not classified as high risk were not being referred to mental health unless their screening confirmed a PREA designate.

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. Zero inmates were identified with an incident of prior sexual perpetration. Inmates who arrive at Wheeler CF have already been at a GDC facility, and as such any initial mental health follow-ups related to prior sexual abusiveness would be completed through GDC mental health. The interview with staff responsible for the risk screening indicated that she would refer the inmate to mental health and they have fourteen days to see him/her.

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 also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of medical and mental health files for three inmates identified who disclosed prior sexual victimization revealed that one was provided a follow-up with mental health, however the form did not indicate a date so the auditor was unable to confirm that it was provided within the outlined timeframe. The interview with staff responsible for the risk screening indicated that she would refer the inmate to mental health and they have fourteen days to see him/her. The interviews with the inmates who disclosed prior victimization indicated they both were offered a mental health follow-up but declined the services. During the on-site audit portion of the audit, the auditor identified that inmates were only referred to mental health if they disclosed that they were a victim of sexual abuse in a prison/confinement setting or they were classified as high risk. As such, inmates who disclosed prior victimization in the community who were not classified as high risk were not being referred to mental health unless their screening confirmed a PREA designate.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, but rather with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that inmate medical and classification files are mainly maintained electronically but the few paper files are maintained behind locked doors. Necessary staff are provided the PREA classification rather than their answers to the risk screening questions, when necessary.

15.81 (e): 14-02 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 or vulnerable adults and are unsure of the mandatory reporting laws.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 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. A review of documentation and conversation with the PCM indicated that inmates who disclose prior victimization in the community who are not classified as high risk are not offered a follow-up with mental health. The auditor identified three inmates who were identified with prior sexual victimization during the risk screening. Documents were only provided for one of the three inmates and while he was offered a follow-up with mental health, the mental health follow-up did not have a date and the auditor was unable to determine if the follow-up was offered within fourteen days.

Corrective Action

The facility will need to develop a process to ensure that all inmates who answer yes to any of the risk screening questions related to any type of prior sexual victimization (whether in an institutional setting or not) are referred to mental health for a follow-up within fourteen days. The auditor will need a memo explaining the process as well as training documents from the necessary staff indicating they have been trained on their responsibilities. Additionally, the facility will need to provide at least ten examples of inmates who disclose prior sexual victimization (not in an institutional setting) and ten inmates who were determined to have prior sexual abusiveness with their necessary mental health documentation. The mental health follow-up documentation will need to have a date in order for the auditor to confirm timeframes under this standard are being met.

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. Training Curriculum
2. Staff Training Records
3. Mental Health Referral Form
4. Example of Victim who Reported Prior Victimization

On December 18, 2021 the auditor was provided documentation related to Standard 115.81. The facility provided a training sign-in sheet as well as a training curriculum related to the requirements under the standard. Staff were trained on November 10, 2021 on when to refer inmates to mental health for a follow-up as required under the standard as well as the use of the new CoreCivic form created. The auditor was

previously provided a copy of the newly created form in September 2021. The referral form is to utilized when inmates report prior sexual victimization, whether it occurred in an institutional setting or not and for inmates who previously perpetrated sexual abuse. The form allows the inmate to decline or agree to a follow-up meeting with mental health and has a space for the inmate to sign and date. On March 11, 2021 the facility provided the auditor with the only example during the corrective action period of an inmate that disclosed prior victimization in the community during the risk screening. The documentation confirmed that the inmate was offered a follow-up with mental health within the required fourteen days. Based on the training, referral form and example during the corrective action period, the auditor determined this standard has been corrected and as such compliant.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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. During the tour, the auditor noted that there were three separate medical areas. One area consisted of mental health offices, another area included a waiting room, treatment rooms, exam rooms, optometry and observation cells. The third medical area encompassed a waiting room, dental, exam rooms and infirmary cells. A review of medical and mental health documentation for the thirteen inmate victims of the reviewed investigative reports confirmed that twelve were sexual abuse and required access to medical and/or mental health care. Of the twelve, ten were documented with medical and/or mental health services. One inmate denied the allegation occurred and the other refused services. The interviews with six inmates who reported sexual abuse indicate that three were seen by medical and/or mental health. Two inmates stated that they were offered services but declined and one inmate stated he was not offered services. Interviews with medical and mental health care staff confirm that inmates receive timely and unimpeded access to emergency medical treatment. Medical advised that they are on-site 24/7 and that they are required to respond within four minutes. Mental health stated they would provide services as soon as they become aware of the allegation. Both staff advised that services are based on their professional judgement as well as policy and procedure.

115.82 (b): Wheeler 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 she would separate the inmates, notify SART, take the inmate victim to medical and secure the area where it occurred. The non-security first responder stated she would make sure the individual was isolated from the perpetrator and other inmates and stay with the inmate victim until he/she can be escorted to medical. She further stated she would immediately notify security.

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. There were four sexual abuse allegations involving penetration reported during the audit period. While two of these inmates were offered forensic medical examinations, a review of medical documents indicated that only one was provided access and information to sexually transmitted infection prophylaxis. The interviews with six inmates who alleged sexual abuse indicated that one involved penetration. The inmate stated that he was not offered information and access to sexually transmitted infection prophylaxis. 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 and information from interviews with medical and mental health care staff, this standard appears to require corrective action. There were four sexual abuse allegations involving penetration reported during the audit period. While two of these inmates were offered forensic medical examinations, a review of medical documents indicated that only one was provided access and information to sexually transmitted infection prophylaxis. The interviews with six inmates who alleged sexual abuse indicated that one involved penetration. The inmate stated that he was not offered information and access to sexually transmitted infection prophylaxis.

Corrective Action

The facility will need to provide the services required under provision (c) to inmate victim of sexual abuse. The facility will need to document that these services are provided. The facility will need to provide the auditor with information related to training on this requirement with the necessary staff (administrative level, medical, mental health and SART, LLC staff, if appropriate). Additionally, the facility will need to provide any examples over the corrective action period related to information and access to sexually transmitted infection prophylaxis.

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:

5. Training Curriculum
6. Staff Training Records
7. List of Allegations Made During the Corrective Action Period

On March 15, 2022 the auditor was provided the training curriculum utilized for staff training related to the requirements under provision (c). Additionally, the auditor was provided the staff training records with staff signatures confirming they received and understood the training on March 8, 2022 and March 9, 2022. The facility also provided a list of allegations during the corrective action period and confirmed that none involved penetration. As such, there zero examples during the corrective action period. The auditor determined that this standard was corrected with staff training. It should be noted also that the facility provided the auditor with medical documentation confirming a second inmate (of the four reviewed on-site) was offered sexually transmitted infection prophylaxis.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 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. During the tour, the auditor noted that there were three separate medical areas. One area consisted of mental health offices, another area included a waiting room, treatment rooms, exam rooms, optometry and observation cells. The third medical area encompassed a waiting room, dental, exam rooms and infirmary cells. All areas were private and consisted of doors that allowed for adequate confidentiality. Wheeler CF has a medical department that is staffed 24 hours a day, seven days a week. Inmates are treated at the facility unless they are required to be transported to a local hospital for emergency care.

115.83 (b): A review of medical and mental health documentation for the thirteen inmate victims of the investigative reports reviewed confirmed that twelve were sexual abuse and required access to medical and/or mental health care. Of the twelve, ten were documented with medical and/or mental health services. One inmate denied the allegation occurred and the other refused services. The interviews with six inmates who reported sexual abuse indicate that three were seen by medical and/or mental health. Two inmates stated that they were offered services but declined and one inmate stated he was not offered services. Interviews with medical and mental health care staff confirmed that follow-up services would be offered. A few of the services include follow-up treatment, a SANE examination, medication and access to a Psychologist.

115.83 (c): 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. A review of medical and mental health documentation for the thirteen inmate victims of the investigative reports reviewed confirmed that twelve were sexual abuse and required access to medical and/or mental health care. Of the twelve, ten were documented with medical and/or mental health services. One inmate denied the allegation occurred and the other refused services. 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 female inmates.

115.83 (e): This provision does not apply as the facility does not house 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. There were four sexual abuse allegations involving penetration reported during the audit period. While two of these inmates were offered forensic medical examinations, a review of medical documents indicated that only one was provided access and information to STI and HIV testing. The interviews with the inmates who alleged sexual abuse indicated that one involved penetration. The inmate stated that he was not offered STI or HIV testing.

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, 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. Interviews with inmates who reported sexual abuse indicated that none of the six were required to pay for any medical or mental health care services. Three inmates indicated they refused or were not provided services through.

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. Ten inmate-on-inmate sexual abuse allegations were made in the previous twelve months. One of the allegations was substantiated and required a mental health evaluation of the perpetrator. Documentation confirmed that the inmate perpetrator was reclassified as a sexual aggressor and was offered mental health services, including an evaluation. Interviews with medical and mental health staff indicate that they would provide services to the inmate perpetrator and that they typically have two weeks to complete/offer the services.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of medical and mental health documents and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. A review of documentation for the four inmates who had allegations involving penetration indicated that one had documentation related to STI and HIV testing. The interview with the inmates who alleged sexual abuse indicated that one involved penetration. The inmate stated that he was not offered STI or HIV testing.

Corrective Action

The facility will need to provide the services required under provision (f) to inmate victim of sexual abuse. The facility will need to document that these services are provided. The facility will need to provide the auditor with information related to training on this requirement with the necessary staff (administrative level, medical, mental health and SART, LLC staff, if appropriate). Additionally, the facility will need to provide any examples over the corrective action period related to information and access to HIV and STI testing.

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. Training Curriculum
2. Staff Training Records
3. List of Allegations Made During the Corrective Action Period

On March 15, 2022 the auditor was provided the training curriculum utilized for staff training related to the requirements under provision (f). Additionally, the auditor was provided the staff training records with staff signatures confirming they received and understood the training on March 8, 2022 and March 9, 2022. The facility also provided a list of allegations during the corrective action period and confirmed that none involved penetration. As such, there zero examples during the corrective action period. The auditor determined that this standard was corrected with staff training. It should be noted also that the facility provided the auditor with medical documentation confirming a second inmate (of the four reviewed on-site) was offered sexually transmitted infection prophylaxis.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Documents:

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 five reviews were completed within the previous twelve months. Further review indicated that twelve reviews were required based on allegation type and investigative outcome. The auditor reviewed a sample of thirteen investigations. Of the thirteen, seven required a sexual abuse incident review. Documentation confirmed that all seven had a sexual abuse incident review completed.

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 five reviews were completed within the previous twelve months within 30 days of the conclusion of the investigation. Further review indicated that twelve reviews were required based on allegation type and investigative outcome. The auditor reviewed a sample of thirteen investigations. Of the thirteen, seven required a sexual abuse incident

review. Documentation confirmed that all seven had a sexual abuse incident review completed within 30 day of the conclusion of the investigation.

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 upper level facility management and the facility SART, with input from line supervisors, investigators, and medical and mental health practitioners. A review of a sample of seven sexual abuse incident reviews indicated that upper management leadership, the investigator, medical and/or mental health and line supervisors were included in the review. 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.

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 an 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 cause 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. A review of a sample of seven sexual abuse incident reviews indicated that all required components were included in the reviews. 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 is utilized in several ways, including recommendations for improvement, such as through training, infrastructure modifications and the addition of cameras and/or mirrors. He indicated the information is utilized to determine what the facility can do better. The PCM indicated that all substantiated and unsubstantiated sexual abuse allegations are reviewed utilizing the 14-2F form. The form covers all components as well as recommendations for improvement. He stated that he completes the form along with SART members to look for possible trends or problems. He stated he has not noticed any trends. The PCM further stated that after submitted he follows up with medical and mental health, if warranted, ensures that the monitoring is completed and makes sure action is taken on any noted areas of concern.

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. A review of seven sexual abuse incident reviews indicated that a section exists for recommendations however none specifically noted any.

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 is compliant.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Annual PREA Report

Findings (By Provision):

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.

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 obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency does not contract for the confinement of its inmates. The agency is a private for profit agency and houses other agency inmates

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 year to the Department of Justice no later than June 30th or a date requested by that Department.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response and CoreCivic Annual PREA Reports, this standard appears to be compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

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 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 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. He further stated 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 the PC composes the aggregated data based on information that is completed in the electronic system and that any trends or problem areas are noted and as a result addressed in a timely manner.

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.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Record Retention Schedule
4. CoreCivic Annual PREA Reports

Interviews:

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.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

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.

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 third year of the three-year cycle.

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.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.403 (f): The facility was previously audited on September 24-26, 2018. The final audit report is publicly available via the Georgia Department of Corrections website.

AUDITOR CERTIFICATION

I certify that:

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

Kendra Prisk

March 21, 2022

Auditor Signature

Date