

PREA Facility Audit Report: Final

Name of Facility: Wheeler Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 01/22/2025

Date Final Report Submitted: 06/20/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kenneth E. Arnold	Date of Signature: 06/20/2025

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	
Start Date of On-Site Audit:	10/29/2024
End Date of On-Site Audit:	11/01/2024

FACILITY INFORMATION	
Facility name:	Wheeler Correctional Facility
Facility physical address:	195 North Broad Street, Alamo, Georgia - 30411
Facility mailing address:	PO Box 466, Alamo, Georgia - 30411

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Warden/Jail Administrator/Sheriff/Director	
Name:	
Email Address:	
Telephone Number:	

PREA Compliance Manager	
Name:	

Facility Health Service Administrator On-site	
Name:	

Facility Characteristics

Designed facility capacity:	3101
Current population of facility:	2439
Average daily population for the past 12 months:	2447
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18 years old and above
Facility security levels/inmate custody levels:	Minimum and Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	357
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	37
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	18

AGENCY INFORMATION

Name of agency:	CoreCivic, Inc.
Governing authority	

or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	615-263-3000

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information			
Name:		Email Address:	

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.31 - Employee training
Number of standards met:	
44	
Number of standards not met:	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-10-29
2. End date of the onsite portion of the audit:	2024-11-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>Director of Satilla Advocacy Services. She stated they (Satilla Advocacy Services) typically do not receive many telephone calls or letters from WCF inmates seeking VA services. Many of the communications they receive are related to non-sexual abuse issues.</p> <p>On another note, VAs are state certified. They receive extensive in-person, online, and virtual training from subject-matter experts both initially and annually.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3101
15. Average daily population for the past 12 months:	2447
16. Number of inmate/resident/detainee housing units:	8

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2448
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	11
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	3

23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	4
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The auditor notes that all of the above inmates were interviewed as specialized interviews.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	320
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	15
32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	68
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	None

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	23
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35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewees were selected from each housing unit.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
37. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	Oversaturated specialty interviews by two.
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Oversaturated specialty interviews by two.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	27

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

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	11
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	3
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	5

<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to staff and inmate interviews and review of documentation, the auditor did not learn of any LGB inmates housed at WCF.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>4</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>4</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to staff and inmate interviews and review of documentation, the auditor did not learn of any inmates who reported prior sexual abuse, either in a confinement setting or in the community, upon arrival at WCF.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to the auditor's review of investigations and interviews with inmates in both general population and segregated housing, he did not learn of any evidence to the contrary.</p>

50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	None
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender, race, ethnicity, and languages spoken.
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None
Specialized Staff, Volunteers, and Contractor Interviews	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	28
56. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
56. Explain why it was not possible to interview the Agency Head:	Given the number of facilities that fall under the CC umbrella, the CCPC interviewed the Agency Head and memorialized his responses to the Agency Head Questionnaire, in writing.
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input type="radio"/> Yes <input checked="" type="radio"/> No
58. Explain why it was not possible to interview the PREA Coordinator:	Given the number of facilities that fall under the CC umbrella, the CCPC memorialized her responses to the PC Questionnaire, in writing.
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	3
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	None

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	None
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Staff HR Files- 14 Staff Training Files- 15 Inmate Files- 17 Sexual abuse and sexual harassment investigations- 11
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	17	2	17	19
Staff-on-inmate sexual abuse	4	1	4	5
Total	21	3	21	24

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	7	0	7	0
Staff-on-inmate sexual harassment	7	0	7	0
Total	14	0	14	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

74. Explain why this information could not be provided.

Criminal matters for which the information had no information.

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	16	1
Staff-on-inmate sexual abuse	0	1	2	1
Total	0	1	18	2

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	7	0
Staff-on-inmate sexual harassment	0	2	5	0
Total	0	2	12	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**Sexual Abuse Investigation Files Selected for Review**

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

9

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

None

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11(a)</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, is included in this policy.</p> <p>The Zero Tolerance policy is clearly articulated in CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section A(1). Pages 1-33 of the same policy address all facets of the PREA program at the Wheeler Correctional Facility (WCF).</p>

The auditor's review of eight (four completed in 2023, two of which are Pre-Service and two In-Service certifications, and four completed in 2024, two of which are Pre-Service and two In-Service certifications) CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms, signed and dated by staff, reveals substantial compliance with 115.11(a). This document addresses understanding of training presented regarding sexual abuse/harassment and reporting options. The document is signed and dated during initial orientation training and annual inservice refresher training.

In view of the above, the auditor finds WCF substantially compliant with 115.11(a).

115.11(b)

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the CC Organizational Chart, the agency-wide CCPC (Senior Director of PREA Compliance and Programs) is a full-time position and she reports to the Vice President of Core Services (VPCS). The VPCS reports to an Executive Vice President/Chief Operating Officer (COO) who is a member of the CC executive staff.

The Warden asserts that the CCPC does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Pursuant to interview with the CCPC, the auditor learned that she does feel she has sufficient time to manage all of her PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), averaging 57 PCMs at any time.

As senior director, she oversees the director who facilitates reviews of all PREA investigations and training. The CCPC handles audits and compliance matters, inclusive of policy development and updates.

The CCPC and director facilitate quarterly Skype sessions with facility PCMs and travel to facilities for audits and training sessions, inclusive of investigative training. The CCPC and Director are in contact with PCMs on a daily basis relative to investigations and audit issues.

The CCPC's primary focus is audit preparation and follow-up regarding corrective action plans. Specifically, she reviews each PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. She is able to provide technical on-site assistance and training protocols to correct practices that may have developed due to a misunderstanding of PREA standards. Additionally, PREA auditors are available to assist with training endeavors at facilities. In her position, she is able to involve CC managing directors and vice presidents to address concerns requiring their intervention. Additionally, the CCPC coordinates all

	<p>corrective action following each PREA audit.</p> <p>The auditor finds the CC PREA chain of command sufficient to accomplish PREA needs and requirements.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.11(b).</p> <p>115.11(c)</p> <p>Pursuant to the PAQ, the Warden self reports there is a designated PREA Compliance Manager (PCM) at WCF. The chief of unit management (COUM) fulfills this role and she reports to the assistant warden security (AWS) who reports directly to the Warden. As a member of the facility executive staff, the auditor finds this chain of command commensurate with standard expectations.</p> <p>According to the Warden, the PCM does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. According to the WCF Organizational Chart, the COUM/PCM reports directly to the AWS and he/she reports directly to the Warden. The auditor finds this PREA chain of command sufficient to accomplish all PREA requirements and needs as the PCM has nearly direct access to the Warden as a member of the executive staff.</p> <p>The WCF PCM asserts she does have sufficient time to devote to her PREA duties. She makes daily Management By Wandering Around (MBWA) tours throughout the facility and during these tours, she is accessible to both staff and inmates. She evaluates and monitors blind spots throughout the facility, camera placements, poster accessibility and positioning, monitors staff and detainee PREA training, assesses closed circuit television (CCTV) PREA video efficiency and operational status, reviews the WCF Detainee Handbook on an annual basis, quizzes staff regarding PREA issues, and monitors physical plant issues that may impact inmate sexual safety, at a minimum. Many of her PREA-related responsibilities are addressed during MBWA rounds. This hands-on approach with "all things PREA" provides continuity throughout the facility.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.11(c).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.11.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	<p>115.12(a and b)</p> <p>Pursuant to the PAQ, WCF is a private facility, under contract with the Georgia Department of Corrections (GDC) to house those inmates designated to its care, custody, and control. CC, the parent company, contracts with GDC, housing inmates from that jurisdiction. None of the WCF inmates are housed at other non-CC facilities.</p> <p>The auditor finds no deviations from the requirements of 115.12 and accordingly, WCF is substantially compliant with 115.12.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13(a)</p> <p>Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of inmates is 2447. The staffing plan is predicated upon an average daily number of 2447 inmates.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 7 and 8, section D(3)(a)(i-xi) addresses 115.13(a).</p> <p>The auditor's review of the August 29, 2022; April 17, 2023; and June 7, 2024 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the Annual PREA Staffing Plan Assessments and the same are reviewed and approved by the WCF PCM, Warden, and CCPC. The auditor finds the Annual Staffing Plans and Assessments to be compliant with 115.13(a).</p> <p>The Warden asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect inmates against sexual abuse are considered in the plan. The marriage between staffing and video surveillance is sufficient to facilitate inmate sexual safety.</p> <p>During the facility tour, the auditor noted that during the first 12-hour shift, three correctional officers (COs) generally supervise five pods. Correctional counselors (CCs), case managers (CMs), and unit managers (UMs) augment supervision pursuant to random rounds throughout the pods. Generally, irregular security rounds are made</p>

at 60 minute intervals with unannounced rounds and seven counts/day in between. During the second 12-hour shift, one zone sergeant (Sgt) and two COs provide coverage for each five pods. At least one CO is assigned to the restricted housing unit (RHU) on a 24/7 basis.

Each of these pods is fairly well supervised by video monitoring (cameras) as two to three cameras are strategically placed in each. At least one CO is assigned to the central control center and other COs may man the unit control centers.

Cameras are located and positioned in all housing areas, hallways, medical, food service, the warehouse, the laundry, RHU recreation cages, and the big recreation yard. The auditor's review of camera monitors and physical observation reveals that several pod showers (primarily handicap showers) throughout the facility (IN10A, IN70A, IN60A, 9N5, 9N4, 9N3, 9N2, New Medical, M1, M2, M3, M4, M5, M6, M7, 200N, 200P, 200Q, 200R, 200S, 200T, 100G, 100J, 100L, Main Medical, 500D, 500E, 400A, are exposed as shower curtains are missing.

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, a hard copy is maintained in the Warden's Office and electronic copies are maintained in a privileges accessible system, accessible only to the Warden, PCM, quality assurance manager (QAM), administrative duty officers (ADO) team, and supervisors. In essence, the staffing plan is determined by both corporate and the customer.

When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

a. Considerations regarding generally accepted detention and correctional principles are generally guided by American Correctional Association (ACA) standards and center on an analysis of the areas to which inmates have access, blind spots, whether camera/mirror surveillance is adequate, areas of detainee concentration, line of sight considerations, and sexual abuse/harassment incident locations. The staffing plan is largely determined by the individual contract and CC requirements however, additional staffing can be requested through corporate to address inmate sexual safety, as well as, general safety concerns. In addition to ACA Best Practices, CC and customer audits also provide "Best Practices" snapshots. CC leadership is very much in tune with "Correctional Best Practices" and views audits/monitoring visits as opportunities to "enhance all things PREA."

Of note, GDC staff facilitate two to three day annual audits at WCF and CC staff facilitate annual unannounced audits.

- b. Zero judicial findings of inadequacy during this audit period;
- c. Zero findings of inadequacy from federal investigative agencies during this audit period;
- d. Zero findings of inadequacy from internal or external oversight bodies during this audit period;
- e. Housing pod and unit camera placements are addressed above. In excess of 300 cameras are monitored at WCF and 40 additional cameras have been requested. Blind spots and line of sight are addressed during MBWA rounds by executive staff,

ADO staff, and routine rounds facilitated by supervisors and line staff. Egress and exit areas are closely monitored, inclusive of sallyports.;

f. Ethnically, the predominant race is Black with a decent sized Hispanic population. Caucasians constitute the second largest population group. A heavy gang member and associate population is evident (Bloods, Crips, white supremacists, Gangster Disciples, Mexican Mafia, MS-13, and Surenos). Although management concerns are minimal based on the racial imbalance and gang influence, staff are trained to communicate with management regarding gang groupings, activities, and PREA concerns. The LGBTI population is minimal and is not a significant concern. Neither age disparity nor exploitation of inmate physical disabilities have been an issue at WCF.

g. A Chief of Security (COS), five shift captains, five UMs, 18 correctional counselors (CCs), lieutenants (Lts), and operational sergeants (Sgts) are present on each shift and this staffing strategy is adequate for an institution of this size and mission. The sergeant and above positions are considered supervisory staff and accordingly, sufficient supervisory presence and benefits are realized. Lieutenants and Captains facilitate a more generalized role as the second layer of supervision. Supervision is strategically placed throughout the facility to address potential "hot spots", as well as, facilitation of sexual safety rounds. Daily supervisory tours of the facility across all shifts facilitates knowledge of and interaction with both staff and inmates. Sgts. are the operational cornerstone as they primarily facilitate their responsibilities in areas of concentration and with line staff.

h. The majority of programming is facilitated on the first shift in view of staffing accessibility. The security threat group coordinator (STG) closely monitors programming in terms of numbers and other key indicators. If additional staffing is required for a special event, the area in which the event is being conducted may be saturated with staff. If an increase in inmate presence is noted during programming, staffing is adjusted to compensate.

i. The facility is subject to CC policies and GDC policies, as well as, State of Georgia statutes and case law.

j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plan/any corresponding requests for increased staffing/or electronic surveillance modification(s). Of note, only 31 sexual abuse/harassment investigations were facilitated at WCF during the last 12 months.

k. WCF is ACA accredited.

In regard to daily checks for compliance with the staffing plan, the COS conducts a daily staffing roster review with the master scheduler (MS), taking into consideration the PREA Staffing Plan and reporting any variances to the Warden. Captains, lieutenants, and sergeants update the daily roster, ensuring that changes are accurately noted on the same. Subsequently, during daily MBWA rounds, executive staff and ADO staff randomly compare actual staffing vs. the roster snapshot. In the event of variances, staff may be held over until replacement staff arrive. On occasion, ADO staff may run the shift while the captain redistributes staff to cover vacant post(s).

The Warden asserts that zero deviations from the PREA Staffing Plan occurred during the last 12 months. If a deviation had occurred, the same would be reported, in writing, to the CCPC and Managing Director (MD), with a justification for the vacancy and how the same was addressed. Roster vacancies may be filled with overtime or roster adjustments. ADO staff may also fill any vacancy temporarily pending arrival of another CO.

The auditor notes that the PCM provided essentially the same responses in terms of the above. Accordingly, the Warden's interview synopsis is also applicable to the PCM.

As previously mentioned, the auditor's observations of staffing and video surveillance validate the above statements. Staff presence in the units was acceptable and cameras are vigorously monitored. Camera placements are abundant and placements are strategic. The presence of supervisory staff throughout the facility was impressive. Finally, line of sight is linear in some pods, while the 270 pods provide semi-circular observation.

In view of the above, the auditor finds WCF substantially compliant with 115.13(a).

115.13(b)

Pursuant to the PAQ, the Warden self reports 115.13(b) is not applicable to WCF as there were no deviations from the staffing plan during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section D(3)(e) and (f) addresses 115.13(b). This policy requires that the COS review both the WCF Staffing Plan and daily staffing roster to determine staffing strength and compliance with the PREA Staffing Plan. If a mandatory post is vacated for some reason, the COS/PCM will issue a 5-1B report explaining the vacancy and measures taken to address the same.

The Warden asserts all instances of non-compliance with the PREA Staffing Plan would be documented. The Warden further self reports zero instances of staffing plan non-compliance have been noted during the last 12 months. If staffing plan non-compliance was to occur, a report would be completed and forwarded to the CCPC, MD, and other corporate staff. The report would address the reasons for the vacancy, as well as, corrective action(s) Implemented.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.13(b).

115.13(c)

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine:

Whether adjustments are needed to the staffing plan;
The deployment of monitoring technology; and
The allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 7 and 8, section D(3)(c)(i-iii) and (d) addresses 115.13(c).

The auditor's review of the August 29, 2022; April 17, 2023; and June 7, 2024 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(c).

The CCPC asserts she is consulted minimally, annually, or whenever any assessments of, or adjustments to, the staffing plan are required for WCF. The same is accomplished on an annual basis and whenever changes are made to the PREA Staffing Plan. Specifically, she is a reviewer and co-signer for the WCF Annual Staffing Plan pursuant to policy.

In view of the above, the auditor finds WCF substantially compliant with 115.13(c).

115.13(d)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section D(1) and (2) addresses 115.13(d).

The auditor's PAQ review of 3 pages of 2024 unit/dormitory logs reveals WCF Supervisory Unannounced PREA Rounds log entries were completed on all shifts on different dates. However, the auditor's random review of unit log books from Unit 200 during the facility tour and weekly sign-in documents reveals sporadic evidence that such rounds were conducted. Accordingly, the auditor finds WCF non-compliant with 115.13(d) and he imposes a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.13(d) requirements. The corrective action due date is May 13, 2025.

To demonstrate compliance with and institutionalization of 115.13(d) requirements, the PCM will facilitate training with the COS and shift captains, minimally, regarding the proper conduct of unannounced PREA rounds throughout the facility and documentation of the same. Upon completion of this training, the PCM will upload a copy of the training syllabus, as well as, documentary evidence of stakeholder completion of such training. The evidence of completion of such training will minimally reflect the title of the training, the name of the trainer, the printed name and date of completion of the training, as well as the stakeholder's signature.

In addition to the above, the auditor will randomly identify dates for which the PCM

	<p>will provide requisite pages reflective of Unannounced Sexual Safety Rounds" or Unannounced PREA Rounds". The auditor will subsequently make a determination regarding compliance.</p> <p>The intermediate or higher facility level staff interviewee states she facilitates unannounced sexual safety rounds during every shift she is assigned to general population responsibilities. Central Control staff documents unannounced sexual safety rounds in a handwritten log. She contacts Central Control staff following completion of unannounced PREA rounds.</p> <p>During unannounced sexual safety rounds, she walks every tier, checking the sexual safety of every detainee. She has not had to admonish staff to refrain from announcing her rounding.</p> <p>The interviewee states she varies times for the conduct of sexual safety rounds for every 12-hour shift, varies her path for the conduct of rounds as she may facilitate half of the rounds at one time and half at another time, and she may double back. No patterns are established.</p> <p>In view of the above, the auditor finds WCF non-compliant with 115.13(d).</p> <p>May 9, 2025 Update:</p> <p>The auditor's review of two Training/Activity Attendance Rosters dated February 20, 2025 and March 3, 2025 reveals that 22 administrative duty officers and security supervisors completed training regarding the nuances of 115.13(d) and documentation of unannounced sexual safety rounds throughout the facility. The Training/Activity Attendance Rosters reveal the printed name/signature, title, nature of training and attendance date regarding the above training. Additionally, the auditor's review of the training syllabus regarding 115.13(d) reveals WCF is substantially compliant with 115.13(d). Accordingly, the auditor is satisfied that the training component of this corrective action is complete.</p> <p>In addition to the above, the auditor's review of five random pages from unit log books reveals that unannounced sexual safety or PREA rounds were conducted across all shifts and units. Accordingly, the auditor now finds that WCF is substantially compliant with 115.13(d).</p> <p>Accordingly, the auditor now finds WCF substantially compliant with 115.13(d).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.13.</p>
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115.14	Youthful inmates
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14(a-c)</p> <p>Pursuant to the PAQ, the Warden asserts the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The Warden further self reports youthful inmates are not housed at WCF and that in the last 12 months, zero youthful inmates were housed at WCF.</p> <p>During the facility tour and subsequent rounds throughout the facility, the auditor did not observe any youthful inmate(s).</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.14.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.15(a)</p> <p>Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of inmates are not conducted at WCF. However, the existence of exigent circumstances dictates whether the same can be conducted pursuant to governing policy. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of inmates were facilitated at WCF during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section (J)(3) reveals substantial compliance with 115.15(a).</p> <p>According to the non-medical staff involved in cross-gender strip or visual searches of inmates interviewee, female staff do not generally conduct cross-gender strip or visual searches of inmates at WCF. However, when questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the</p>

interviewee stated when an inmate is suspected (reasonable suspicion) of being in possession of hard contraband [e.g. a weapon(s)] secreted in his rectum, the same would constitute an exigent circumstance. Additionally, a transgender woman who requests strip and/or pat searches by a female staff member may be a basis for cross-gender strip or visual search.

Strip searches are generally conducted in the intake area. The auditor's review of the same reveals no conditions of alarm in terms of privacy.

Pursuant to the auditor's review of PAQ information and random on-site conversations with staff and inmates, the auditor did not discover any violation(s) of 115.15(a).

In view of the above, the auditor finds WCF substantially compliant with 115.15(a).

115.15(b)

Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The Warden further self reports that zero pat-down searches of female inmates were conducted by male staff at WCF during the last 12 months as female inmates are not housed at WCF.

Pursuant to the auditor's review of the CC website and on-site observations, only male GDC inmates are housed at WCF.

In view of the above, the auditor finds WCF not applicable to 115.15(b).

115.15(c)

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. Additionally, policy requires documentation of cross-gender pat searches of female inmates. Again, female inmates are not housed at WCF.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section J(5) addresses 115.15(c).

The auditor notes that all strip searches are logged in the WCF Cross-Gender Strip Search Log and on a Form 5-1B. He finds no violation of 115.15(c) requirements pursuant to random review of the aforementioned logs.

In view of the above, the auditor finds WCF substantially compliant with 115.15(c).

115.15(d)

Pursuant to the PAQ, the Warden self reports policies and procedures have been

implemented at WCF 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 (this includes viewing via video camera). The Warden further asserts policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, sections J(6) and (7) address 115.15(d).

During the facility tour, the auditor reviewed facility cameras and at the time of the tour, female staff were assigned to the area(s) where the monitors are maintained.

The auditor's review of camera angles validated the premise that cameras do not capture unshielded shower/toilet areas, as well as, the dirty cell in intake. Inmates change clothing in the shower areas to ensure privacy.

Of note, the auditor observed a memorandum poster wherein inmates are advised to change clothes in the shower or rest room area to avoid any viewing. A copy of that memorandum is uploaded into OAS.

The auditor's review of camera monitors and physical observation reveals that several pod showers (primarily handicap showers) throughout the facility (IN10A, IN70A, IN60A, 9N5, 9N4, 9N3, 9N2, New Medical, M1, M2, M3, M4, M5, M6, M7, 200N, 200P, 200Q, 200R, 200S, 200T, 100G, 100J, 100L, Main Medical, 500D, 500E, 400A, are exposed as shower curtains were missing.

Toilets are generally comprised of three short cinder block walls with a short canvas curtain covering the front of the stall and hung by grommets. During the facility tour, the auditor requested that an inmate (approximately six feet two inches in height) stand in both the toilet stall and shower stall. The auditor notes that the inmate's genitals may be exposed as the result of the short nature of both toilet and shower stalls. Accordingly, the auditor strongly recommends that the respective walls be raised by one cinder block throughout the facility. Additionally, in view of the privacy issues associated with this condition, the curtains in both stall types must be raised to compensate for this condition.

In view of the above, the auditor finds WCF non-compliant with 115.15(d) in view of the number of missing shower curtains and heights at which toilet and shower stall curtains are hung. Accordingly, the auditor imposes a 180-day corrective action period wherein the PCM will ensure compliance with and institutionalization of 115.15(d) requirements. The due date for corrective action completion is May 13, 2025.

To demonstrate compliance with and institutionalization of 115.215(d) requirements, the PCM will ensure that shower and toilet stall curtains are placed in each toilet and shower stall. Additionally, a protocol will be established to ensure that the requisite curtains are in place or available to inmates when showering and toileting. Finally, photos from a few of the pods previously mentioned will demonstrate that corrective action has been taken, inclusive of raising grommets to assist in abatement of the

identified condition.

The auditor's review of camera angles reveals pixillation when necessary to shield inmates from anatomical observation. The same is prevalent with respect to toilets in New Medical.

The auditor does note that camera placements in 200S do not capture bunks placed along the wall. Accordingly, the auditor strongly recommends that at least one camera be readjusted to capture this blind spot or one or more of the requested cameras be added to address the deficiency.

During the facility tour and throughout the onsite visit, the auditor noted no instances wherein opposite gender staff failed to announce themselves when entering dormitory and cell areas. This practice appears to be institutionalized at WCF.

Additionally, the auditor observed a painted notice at each dormitory entry area reflecting that opposite gender staff must announce their gender upon entry into the area. During the tour, the auditor noted that one inmate, positioned near the entrance to the pod, also announced male and female staff presence in the area.

Twenty of 23 random inmate interviewees state that female staff announce their presence when entering opposite gender housing units/pods. In regard to query as to whether inmates are ever naked or in full view of opposite gender staff while toileting, showering, or changing clothing, twenty-one of 23 random inmate interviewees state they are not.

All 12 random staff interviewees state that female staff announce their presence when entering a dormitory wherein opposite gender inmates are housed.

Furthermore, all 12 random staff interviewees state inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

In view of the above, the auditor finds WCF non-compliant with 115.15(d).

May 9, 2025 Update:

The auditor's review of three photographs of showers and toilets, as well as, conversations with the PCM, and the CCPC reveals that the grommets have been raised to the highest level possible on the cinderblock walls. Accordingly, the curtains have likewise been raised to the highest level possible in the showers and toilet areas.

Additionally, the auditor's review of emails dated February 3 and 4, 2025 between the WCF Warden, the CCPC, and CC Facilities staff reveals plans to address either partitions or raising each affected wall by one cinderblock to address the aforementioned privacy issues. The project to address this matter is included as a CAP project.

Finally, the auditor's review of a memorandum to all staff reinforces the expectation

that coverings be available for all showers, as well as, toilet areas. Deviations must be documented.

In view of the above, the auditor finds sufficient corrective action has been accomplished to now find WCF substantially compliant with 115.15(d).

115.15(e)

Pursuant to the PAQ, the Warden self reports there is a WCF policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. According to the Warden, no such searches have been conducted during the last 12 months.

CC Policy 14-9 entitled Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 3, section C(1) addresses 115.15(e).

All 12 random staff interviewees state the facility prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Similarly, all 12 interviewees were aware of the policy governing the same.

All four transgender inmate interviewees state they have not been placed in a housing area only for transgender or intersex inmates and they have no reason to believe they were strip searched for the sole purpose of determining genital status.

In view of the above, the auditor finds WCF substantially compliant with 115.15(e).

115.15(f)

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

The auditor's review of the CC Search Procedures Facilitator and Participant's Guides/slides, as well as, transgender/intersex search scenarios reveals substantial compliance with 115.15(f).

The auditor's review of five PAQ cumulative training rosters for 2023 and 2024 PREA Orientation and In-Service [annual refresher training (ART)] reveals all 48 staff participated in training sessions wherein "search" training was taught.

All 12 random staff interviewees state the facility provides training regarding cross-gender pat-down searches of female inmates and professional and respectful searches of transgender/intersex inmates and all 12 of these interviewees completed the same. All 12 interviewees state they completed such training between 2023 and 2024. The training is presented in a Power Point Presentation (PPT) format with

	<p>lecture, a video, and a test. In a few cases, interviewees state that a demonstration was facilitated.</p> <p>The auditor's onsite review of 15 random staff training files reveals compliance with 115.15(f) during either 2023 or 2024. Of note, this class was presented and documented during either pre-service or ART courses. The auditor's review of the training file for the one random staff interviewee who states he did not receive 115.15(f) training reveals he did complete the same in January, 2024.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.15(f).</p> <p>In view of the completed corrective action for 115.15(d) and the evidence cited throughout the narratives for 115.15, the auditor now finds WCF substantially compliant with 115.15.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16(a)</p> <p>Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>PCN CC Policy 14-2(03) entitled Sexual Abuse Prevention and Response, pages 1 and 2, section H(7)(a) and (b) addresses 115.16(a).</p> <p>Within the PAQ information, a photograph of a TTY machine located in Unit 9N7 is present and the auditor observed the same during the facility tour. This equipment is available for use by deaf inmates so they can converse with other individuals similarly situated. The PREA video is available with subtitles for hearing impaired. The auditor notes that the CC PREA trifold pamphlet is presented in both English and Spanish. Finally, one bilingual staff (primarily Spanish as second language) provides translation services at WCF.</p>

The auditor's review of VOYCE instructional documentation reveals a procedure is in place to provide interpretative services for non-English speaking and/or deaf inmates. Generally, solicitation of interpretational assistance through VOYCE is facilitated on staff telephones.

According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, VOYCE, Inc. is used, when necessary, to communicate with limited English proficient (LEP) inmates. Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those inmates who are blind.

Corporate office staff provide assistance to facility staff that enables them to locate potential vendors and/or agencies that provide support services for inmates with disabilities. The agency maintains a comprehensive contract with VOYCE, Inc.

The following inmates with disabilities or limited English proficiency (LEP) types stated the facility provides information about sexual abuse and sexual harassment they are able to understand (one partially blind inmate, one partially hard of hearing inmate, two physically disabled inmates, six mental health/cognitively impaired inmates, three low reading inmates, one partially deaf inmate, and four LEP inmates). One LEP inmate stated he experienced difficulty understanding the information. Educational posters were noted to be posted in areas easily accessible to and observable by the inmate population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the inmate population.

The intake staff interviewee states that the PREVENT. DETECT. RESPOND tri-fold pamphlet is captured in both English and Spanish. In the event of a blind inmate, she reads materials to them. In the event of a deaf inmate, he can read the materials. In the event of a Limited English Proficient (LEP) inmate, she accesses VOYCE, Inc. to translate for other than Spanish non-English speakers. She would use mental health staff resources to assist with cognitively impaired inmates. LanguageLine would be accessed in the event sign language translation was necessary.

In view of the above, the auditor finds WCF substantially compliant with 115.16(a).

115.16(b)

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide LEP inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section k(8)

addresses 115.16(b).

The auditor reviewed the contract between CC and VOYCE, Inc. for provision of services to LEP inmates. Services for 200-plus languages are provided pursuant to this service. VOYCE can be accessed from any staff telephone, inclusive of cell phones where and when applicable, and is generally accessed by any staff member. Access to VOYCE, Inc. translators can also be accomplished via desktop connection.

The auditor notes that the CC PREA trifold pamphlet is presented in both English and Spanish. Additionally, one bilingual staff member (Spanish) provides onsite translation services.

The auditor did test the VOYCE line on November 1, 2024 pursuant to desktop connection facilitated by the PCM in the conference room. The connection was successfully made by clicking on the appropriate icon, the CC contract number was entered, and the auditor heard the type of translation required prompt. At this point, the connection was terminated and considered to be successful.

A staff interpreter translated for five LEP interviewees and four of five interviewees stated they had received initial PREA educational materials and understood the same.

In view of the above, the auditor finds WCF substantially compliant with 115.16(b).

115.16(c)

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

Reportedly, there was zero instances, within the last 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations.

All 12 random staff interviewees assert, to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months. It is noted that 11 of 12 interviewees identified further physical injury to the victim and/or impeding an investigation as legitimate reason(s) to invoke 115.16(c) procedures. All 12 interviewees state that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants for translation of a sexual abuse report, except in limited circumstances where an extended delay in

	<p>obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or investigation of the inmate's allegations.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.16(c).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.16.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.17(a)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:</p> <p>Has engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution;</p> <p>Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 4 and 5, section B(1)(a-c) addresses 115.17(a).</p> <p>The auditor's onsite review of two contractor and six of eight newly hired staff (all hired/selected during 2022-2024) Self Declaration of Sexual Abuse/Sexual Harassment forms (14-2H) reveals compliance with 115.17(a) to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the other contractor was not selected during the last 12 months and she is not yet due for a 5-year reinvestigation. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.</p> <p>In the latter six cases (two of which were also promotions) criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or</p>

(b) violations. Additionally, the auditor's review of one contractor file relative to a contractor selected during the same time frame reveals substantial compliance with 115.17(a) and (b).

Accordingly, the auditor finds WCF substantially compliant with 115.17(a), (b), and (d).

115.17(b)

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

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

The auditor's onsite review of two contractor and six of eight newly hired staff (all hired/selected during 2022-2024) Self Declaration of Sexual Abuse/Sexual Harassment forms (14-2H) reveals compliance with 115.17(a) to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.

In the latter six cases (two of which were also promotions) criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. Additionally, the auditor's review of one contractor file relative to a contractor selected during the same time frame reveals substantial compliance with 115.17(a) and (b). Of note, the other contractor was not selected during the last 12 months and she is not yet due for a 5-year reinvestigation.

The auditor notes that while there is a question regarding sexual harassment on the 14-2H form, there is no method for validation of the employee's or contractor's response as reflected on the same. The HR interviewee states that the 115.17(a) and (b) questions are asked on the PREA Questionnaire for Prior Institutional Employers form (03-20-02B) which is forwarded to prior institutional employer(s), and the auditor validated the same.

Only one of the eight applicable random staff HR files reviewed included staff with prior institutional employment and the same revealed that the requisite 03-20-02B form was mailed to GDC for response. Follow-up with GDC was also attempted with response provided. The auditor found no evidence of sexual harassment with respect to this staff member.

The HR interviewee states the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. The employee applicant or contractor applicant completes a 14-2H at application and annually thereafter. WCF

staff forward the 03-20-02B form to prior institutional employers for completion. The form includes a question regarding sexual harassment of inmates.

The auditor notes that completion of the 14-2H form on an annual basis did not commence until 2023.

The 14-2H form [comprised of four questions- three 115.17(a) and one 115.17(b)] is administered to the prospective employee as an applicant, at hiring, and subsequently on an annual basis and the same is administered to contractors.

Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous institutional employer inquiries.

In view of the above, the auditor finds WCF substantially compliant with 115.17(b).

115.17(c)

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with inmates are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Warden further self reports during the last 12 months, 249 applicants who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7 and 8) addresses 115.17(c).

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees and contractors who may have contact with inmates. With respect to internal promotion applicants, a new criminal background record check is not completed as a vouchering process is utilized. As that employee has been under the continuous employ of WCF pursuant to these circumstances, contact with the employee's current supervisor, review of any sexual abuse/harassment allegations and investigations, as well as, the employment record is deemed appropriate. The auditor concurs with this process.

A conditional offer of employment triggers a criminal background record check by First Advantage (vendor). The request for criminal background record check is initiated by human resources (HR) staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases. Since GDC no longer completes criminal background record checks, CC has intensified this criminal background record check process with First Advantage.

First Advantage completes both initial or pre-hire and five-year reinvestigations. The

applicant or employee completes a Field Print application to complete fingerprints for both investigative processes. The employee or applicant subsequently schedules fingerprinting and Field Print forwards results to GDC. GDC staff subsequently approve or disapprove the hire or retention. First Advantage investigators complete a 48 state upper and lower court check for both pre-hire and five-year reinvestigations.

The auditor's review of six of eight applicable staff and one applicable contractor criminal background record checks relative to staff and contractors hired during the last 24 months reveals substantial compliance with 115.17(c). Criminal background record checks were completed prior to the date of hire in all but the two staff cases referenced above. Of note, the other contractor was not selected during the last 12 months and she is not yet due for a 5-year reinvestigation.

Only one of the eight applicable random staff HR files reviewed included staff with prior institutional employment and the same revealed that the requisite 03-20-02B form was mailed to GDC for response. Follow-up with GDC was also attempted with response provided. The auditor found no evidence of sexual harassment with respect to this staff member.

Accordingly, the auditor finds WCF substantially compliant with 115.17(c).

115.17(d)

Pursuant to the PAQ, the Warden self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates. The Warden further self reports criminal background record checks were conducted with respect to zero contractors who may have contact with inmates, during the last 12 months however, the auditor did find that criminal background record checks were facilitated in the case of one contractor selected during the last 24 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7) addresses 115.17(d).

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired contractors who may have contact with inmates. A conditional offer of employment triggers a criminal background record check by First Advantage (vendor). The request for criminal background record check is initiated by human resources (HR) staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases. Since GDC no longer completes criminal background record checks, CC has intensified this criminal background record check process with First Advantage.

First Advantage completes both initial or pre-hire and five-year reinvestigations. The contractor completes a Field Print application to complete fingerprints for both investigative processes. The contractor subsequently schedules fingerprinting and

Field Print forwards results to GDC. GDC staff subsequently approve or disapprove the hire or retention. First Advantage complete a 48 state upper and lower court check for both pre-hire and five-year reinvestigations.

The auditor's review of the one applicable contractor criminal background record check reveals substantial compliance with 115.17(c). In this case, the criminal background record check was completed prior to the date of hire. Of note, the other contractor was not selected during the last 12 months and she is not yet due for a 5-year reinvestigation.

The auditor notes that a WCF spreadsheet tracking record reflects dates associated with the hiring process for contractors. The document is uploaded into OAS.

In view of the above, the auditor finds WCF substantially compliant with 115.17(d).

115.17(e)

Pursuant to the PAQ, the Warden self reports that criminal background record checks are conducted at five-year employment intervals for current employees and contractors who may have contact with inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7) addresses 115.17(e).

According to the HR interviewee, WCF HR staff maintains a spread sheet to track five-year criminal background record reinvestigations. The spread sheet alerts two months prior to the five-year anniversary date and HR staff commence the process with staff to facilitate reinvestigation. The spread sheet is a tool to assist in timely management of the criminal background record check and reinvestigation processes.

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired contractors who may have contact with inmates. A conditional offer of employment triggers a criminal background record check by First Advantage (vendor). The request for criminal background record check is initiated by human resources (HR) staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases. Since GDC no longer completes criminal background record checks, CC has intensified this criminal background record check process with First Advantage.

First Advantage completes both initial or pre-hire and five-year reinvestigations. The contractor completes a Field Print application to complete fingerprints for both investigative processes. The contractor subsequently schedules fingerprinting and Field Print forwards results to GDC. GDC staff subsequently approve or disapprove the hire or retention. First Advantage complete a 48 state upper and lower court check for both pre-hire and five-year reinvestigations.

The auditor's on-site random review of three of four applicable staff and zero

applicable contractors (one hired in 2021 and the other hired in 2024) reveals a current five-year criminal background record check was completed and there is no evidence of a criminal record warranting PREA consideration.

In view of the above, the auditor finds WCF substantially compliant with 115.17(e).

115.17(f)

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

The auditor's on-site review of five of eight applicable random staff (staff hired during the last 24 months) HR files reveals they completed the annual 14-2H form during the last 12 months. In two cases, the annual 14-2H submission was not yet due as the result of proximity to date of hire. Promotion 14-2Hs for three staff promotions are likewise commensurate with this standard provision.

The auditor notes that the agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct as evidenced by the actual 14-2H form.

According to the HR interviewee, the relevant questions are asked both in the on-line application and the 14-2H. Additionally, the 14-2H is administered during the applicant stage, subsequent to hire, and annually thereafter. The annual certification also addresses promotion actions.

The HR interviewee further states the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative duty is addressed on the 14-2H form, itself. As previously mentioned, the 14-2H form is signed and dated by the employee.

The auditor is familiar with the process utilized by CC and he finds the same to be commensurate with 115.17(f) expectations. Accordingly, the auditor finds WCF substantially compliant with 115.17(f).

115.17(g)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(6) addresses 115.17(g).

The auditor notes there is a caveat within the 14-2H wherein substantiation of the 115.17(g) requirement is achieved. As previously noted, the employee signs and dates the document, signifying his/her understanding of the caveat at application,

	<p>selection, and annually thereafter.</p> <p>Document review findings are reflected throughout the 115.17 narrative. In view of the above, the auditor finds WCF substantially compliant with 115.17(g).</p> <p>115.17(h)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(9) addresses 115.17(h).</p> <p>The HR interviewee states that when a former employee applies for work at another institution and upon request from that institution, WCF provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. The Human Resources Manager (HRM) makes the decision regarding release.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.17(h).</p> <p>Accordingly, in view of the evidence articulated throughout this narrative, the auditor finds WCF substantially compliant with 115.17.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.18(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(1) and (2) addresses 115.18(a) in totality.</p> <p>According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA standards and expectations and collaboration with the CCPC provides a global snapshot of PREA concerns and needs.</p>

Lines of sight are assessed to enhance inmate sexual/personal safety and camera surveillance needs to address blind spots. Privacy concerns in areas such as showers, restrooms, and any areas where inmates may be in a state of undress are addressed with facility staff. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.

During acquisitions, the staff making the site visits develop a preliminary assessment and the CCPC is involved in the review of physical plant issues. A Form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction.

According to the Warden, zero substantial expansions or modifications were added to the facility since the last PREA audit.

In view of the above, the auditor finds WCF substantially compliant with 115.18(a).

115.18(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(3) addresses 115.18(b) in totality.

The Agency Head interviewee asserts that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration for optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs relative to cross-gender viewing in areas like restrooms and shower areas. Technology is discussed with facility staff during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the CCPC.

The Warden asserts that some cameras have been repositioned in an attempt to address blind spots. A CAP Request for additional cameras has been submitted to further address blind spots and upgrade resolution. However, the project is currently in the consideration stage.

In view of the above, the auditor finds WCF substantially compliant with 115.18(b).

Accordingly, the auditor finds WCF substantially compliant with 115.18.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting any administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct which has been released for administrative investigation). However, Georgia Department of Corrections Special Operations (GDOCSO) investigator(s) facilitate criminal investigations of sexual abuse at WCF. When conducting administrative investigations, WCF PREA investigator(s) follow a uniform evidence protocol.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section (O)(4)(a) addresses 115.21(a). GDOC Standard Operating Procedure entitled PREA: Sexually Abusive Behavior Prevention and Intervention, pages 30-33, section G governs the investigative process as defined by GDC.</p> <p>All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Seven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).</p> <p>Seven of the 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and six interviewees state that GDOCSO investigator(s) facilitate criminal sexual abuse investigations at WCF.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.21(a).</p> <p>115.21(b)</p> <p>Pursuant to the PAQ, the Warden self reports that whether the protocol is developmentally appropriate for youth is not applicable to WCF as youthful inmates are not housed at the facility however, the following policy reflects the same is developmentally appropriate for youth. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 3, section (B)(7) addresses 115.21(b).</p>

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence by WCF staff and the WCF investigator reveals substantial compliance with 115.21(b). WCF staff preserve the crime scene and follow-up on physical evidence that may be on the victim/perpetrator pursuant to 115.64.

GDOCSO investigators utilize their protocol in terms of evidence collection in criminal matters.

In view of the above, the auditor finds WCF substantially compliant with 115.21(b).

115.21(c)

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at the facility and the same are conducted pursuant to an MOU with SART, LLC. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs are documented as reflected above.

In the last 12 months, one forensic medical examination was conducted relative to a WCF inmate who alleged sexual abuse and the auditor notes that the investigation was determined to be unsubstantiated.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(4)(c) addresses 115.21(c). The auditor notes that the forensic examination is generally authorized by the contract monitor following action by GDC investigators.

The SANE interviewee, part owner of SART, Inc. and a SANE nurse, asserts that two on-call SANES, inclusive of herself are SANE-trained pursuant to completion of an International Association of Forensic Nurses (IAFN) 40-hour in person course, didactic training, as well as, supervised completion of clinical examinations and a testing component. They have completed the aforementioned course and in-person forensic examinations under supervision. If a SANE-trained nurse is not available for some reason, the patient is referred to a hospital for the conduct of the forensic examination.

Infection prophylaxis is part of the interviewee's forensic planning recommendation. Additionally, any applicable testing, inclusive of HIV, etc., dependent upon medical judgment, is likewise recommended pursuant to the planning notes. The planning notes and recommendations are provided to the facility physician and he/she is responsible for prescription and follow-through.

The interviewee notes that prior to the conduct of a forensic examination at WCF, facility medical staff facilitate a cursory physical examination to ensure there are no life threatening injuries or conditions. Once cleared by facility medical practitioners, the onsite forensic examination is completed.

The auditor's review of documentation related to the single forensic examination

conducted during the last 12 months reveals substantial compliance with 115.21(c). The incident allegedly occurred on March 24, 2024 and the SANE arrived at the facility on March 25, 2024 to conduct a SANE examination. The matter was investigated as a criminal incident by GDOCSO. Of note, there is no evidence indicating that the victim was charged for any medical procedures associated with this incident.

Pursuant to the 5-1 packet, the investigation was determined to be unsubstantiated.

In view of the above, the auditor finds WCF substantially compliant with 115.21(c).

115.21(d)

Pursuant to the PAQ, the Warden self reports the facility attempts to make two trained staff victim advocates available to provide advocacy services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section 14 addresses 115.21(d) and (e). Additionally, CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(4)(d) addresses 115.21(d).

The PCM asserts that if requested by the victim, two qualified agency staff members accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The interviewee asserts the two specialty trained WCF victim advocates (VA) are trained by the Georgia Network to End Sexual Assault (GNESA). Additionally, evidence of completion of such training is uploaded in OAS by virtue of a SART Victim Advocacy Certification training roster for these two staff.

The auditor notes that four inmates who reported a sexual abuse incident at WCF were housed at the facility during the on-site audit. One of the four inmate interviewees states that he does not recall being offered VA services however, the auditor's review of investigative documentation reveals that he did receive a forensic examination. The auditor's review of the investigations regarding the remaining three investigations reveals no penetration in any of those cases. Accordingly, the fact pattern did not warrant the conduct of a forensic examination in the other cases.

In view of the above, the auditor finds WCF substantially compliant with 115.21(d), (e), and (h).

115.21(e)

Pursuant to the PAQ, the Warden asserts that if requested by the victim, a qualified agency 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. The PCM asserts the two specially trained WCF victim advocates (VA) are trained by the Georgia Network to

End Sexual Assault (GNESA). SANE examinations are facilitated on site at WCF and accordingly, the trained facility VAs provide such services on-site.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section 14 addresses 115.21(d) and (e). Additionally, CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(4)(e) addresses 115.21(e).

The PCM asserts that if requested by the victim, two qualified agency staff members accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The interviewee asserts the two specialty trained WCF victim advocates (VA) are trained by the Georgia Network to End Sexual Assault (GNESA). Additionally, evidence of completion of such training is uploaded in OAS by virtue of a SART Victim Advocacy Certification training roster for these two staff.

The auditor notes that four inmates who reported a sexual abuse incident at WCF were housed at the facility during the on-site audit. One of the four inmate interviewees states that he does not recall being offered VA services however, the auditor's review of investigative documentation reveals that he did receive a forensic examination. The auditor's review of the investigations regarding the remaining three investigations reveals no penetration in any of those cases. Accordingly, the fact pattern did not warrant the conduct of a forensic examination in the other cases.

In view of the above, the auditor finds WCF substantially compliant with 115.21(e).

115.21(f)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 26 and 27, section O(4)(a-c) addresses 115.21(f). The auditor's review of the CC website reveals the aforementioned policy is posted on the same.

In view of the above, the auditor finds WCF substantially compliant with 115.21(f).

115.21(h)

Pursuant to the PAQ, the Warden self reports that a qualified agency staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section 15

	<p>addresses 115.21(h).</p> <p>One of the two WCF staff who are trained to provide victim advocacy during forensic examinations and investigatory interviews states she has worked for CC for a substantial period of time and she is currently the COUM/PCM. The other trained VA is the health services administrator (HSA). Both VAs have demonstrated empathy and good communication skills throughout their CC tenure and work with inmates.</p> <p>Both completed VA training in La Grange, GA sponsored by Dottie Stanford, PREA Director of State Advocacy. The training was presented over a four day period of time.</p> <p>On another note, the Director of Satilla Advocacy Services states VAs are state certified. They receive extensive in-person, online, and virtual training from subject-matter experts both initially and annually. Satilla Advocacy Services VAs provide 115.53(a) services.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.21(h).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.22(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Thirty-nine administrative sexual abuse/harassment investigations were opened and all were completed during the last 12 months. Two additional cases were referred for criminal investigation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section (N)(1) addresses 115.22(a and b) in totality.</p> <p>The auditor's on-site review of 11 random sexual abuse/harassment investigations validates the above statement regarding investigation opening and completion.</p> <p>According to the Agency Head interviewee, it is CC policy to complete an administrative investigation or refer allegations of sexual abuse or sexual harassment that are potentially criminal to a law enforcement agency with legal authority to complete criminal investigations. Administrative investigations are completed by a PREA specialty trained CC investigator and criminal investigations are completed by</p>

GDOCSO investigator(s).

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts that all allegations are reported in the CC Incident Reporting Database. The allegation(s) are subsequently assigned to an administrative investigator, if the allegation(s) are not criminal in nature. This system requires multiple levels of administrative oversight and review. Allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials. CC staff are committed to working with outside law enforcement.

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

In view of the above, the auditor finds WCF substantially compliant with 115.22(a).

115.22(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 21, section 11 addresses 115.22(b).

The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to GDOCSO investigator(s) for criminal investigation. The interviewee commences an administrative investigation unless GDOCSO investigator(s) advise that they are taking the investigation. The Warden generally determines whether a forensic examination will be completed. Of note, referrals for criminal investigations are documented in the CC Incident Reporting Database.

In view of the above, the auditor finds WCF substantially compliant with 115.22(b).

	<p>115.22(c)</p> <p>The auditor's review of the aforementioned policy reveals that the same clearly articulates investigative responsibilities for both GDOCSO, as well as, the WCF investigator.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.22(c).</p> <p>Accordingly, based on the evidence articulated throughout this narrative, the auditor finds WCF substantially compliant with 115.22.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.31(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the ten topics listed in 115.31(a).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(1 and 2)(a-j) addresses 115.31(a).</p> <p>The auditor's limited review of the 2022 CC PREA Overview Facilitator and Participant's Guides, as well as slides, reveals substantial compliance with 115.31(a) in terms of the 10 required topics. Slides reveal that all requisite training [as applied to 115.31(a)] is available at WCF. In addition to the above, the CC Facility Support Center (FSC) distributes PREA Refreshers, email blasts during PREA week, and other PREA Resource Center (PRC) materials periodically.</p> <p>The auditor's review of slides reveals substantial compliance with 115.31(a). The auditor's onsite review of 15 random 2023 and 2024 staff training records (CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms) reveals compliance with 115.31(a).</p> <p>The signed and dated CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms reflect receipt and understanding of training thereby, establishing compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented.</p>

Eleven of 12 random staff interviewees state they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training during the academy and prior to assumption of duties with inmates. The auditor's review of the 12th employee's file reveals he did receive training regarding all 10 topics on or before October 11, 2023 (pre-service) and again on February 25, 2024.

Additionally, applicable random staff interviewees state they completed either/or in-person or on-line PREA ART (E Learning) regarding the aforementioned topics.

In regard to the CC PREA ART training calendar, the same runs from January through December of each year. Since the PREA basic or pre-service course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out.

In view of the above, the auditor finds WCF substantially compliant with 115.31(a).

115.31(b)

Pursuant to the PAQ, the Warden self reports training is tailored to the male gender of the inmates assigned to the facility. The Warden further self reports employees, who are reassigned from facilities housing the opposite gender, are given additional training.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(1) addresses 115.31(b).

As previously mentioned, the auditor's review of both curriculum and slides reveals substantial compliance with 115.31(b). According to the WCF PCM, zero staff have transferred to WCF during the last 12 months from facilities wherein female inmates are exclusively housed.

In view of the above, the auditor finds WCF substantially compliant with 115.31(b).

115.31(c)

Pursuant to the PAQ, the Warden self reports that between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Minimally, staff receive PREA ART on an annual basis. The Warden further states that staff are alerted to PREA information and updates during PREA Month in November through email blasts, policy updates via e-mail, and annual training.

The auditor's review of aforementioned slides reveals substantial compliance with

115.31(a). The auditor's onsite review of 15 random 2023 and 2024 staff training records (CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms) reveals compliance with 115.31(a) and (c). These documents clearly validate the provision of PREA ART, also known as, In-Service training.

The signed and dated CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms reflect receipt and understanding of training thereby, establishing compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented.

In regard to the CC PREA ART training calendar, the same runs from January through December of each year. Since the PREA basic or pre-service course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out.

In view of the above, the auditor finds that WCF exceeds standard requirements with respect to 115.31(c) as PREA ART is provided on an annual basis, augmented by other PREA trainings and handout dissemination. 115.31(c) requires provision of refresher training on a bi-annual basis.

115.31(d)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(3) addresses 115.31(d).

The auditor's review of in-service slides reveals substantial compliance with 115.31(a).

The auditor's onsite review of 15 random 2023 and 2024 staff training records (CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms) reveals compliance with 115.31(a) and (c). These documents clearly validate the provision of PREA Annual Refresher Training (PREA ART also known as In-Service training).

The signed and dated CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms reflect receipt and understanding of training thereby, establishing compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented.

In regard to the CC PREA ART training calendar, the same runs from January through

	<p>December of each year. Since the PREA basic or pre-service course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out.</p> <p>In view of the above, the auditor finds that WCF is substantially compliant with 115.31(d).</p> <p>Accordingly, the auditor finds WCF exceeds expectations with respect to 115.31.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.32(a)</p> <p>Pursuant to the PAQ, the Warden self reports all contractors and volunteers, who have contact with inmates, have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 18 contractors who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The auditor's review of a separate roster reveals that 34 volunteers provide services at WCF.</p> <p>Contractors [food service contractors (Trinity) and medical] receive the same training as all other facility employees. Additionally, Trinity provides PREA training to food service staff at WCF.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 8(a) addresses 115.32(a).</p> <p>The two food service and one medical contractor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate (in person) in the CC PREA Orientation or ART training (online), whichever is applicable. Additionally, the food service director or food service supervisor provides Trinity staff (food service contractor) PREA training on an Orientation and annual basis.</p> <p>The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of inmates, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting, and the impact(s) of</p>

sexual abuse/harassment on the prison population.

The auditor's review of eight CORECIVIC TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE documents and CORECIVIC PREA Policy Acknowledgment Volunteer Training forms reveals three random contractors completed said training. They signed and dated the above documents which bear the "I understand" caveat.

Although the auditor has not received any responses to his voice mail messages from volunteers, he randomly selected six volunteers from the volunteer roster for the purpose of validating that they received either/or initial PREA training or PREA ART during the last 12 months. The auditor's review of CC PREA Training Acknowledgment Preservice and Inservice forms and/or PREA Policy Acknowledgment Volunteer Training reveals that the appropriate training was provided to five of six randomly selected volunteers. All of these forms capture the "I understand" caveat.

Of note, the auditor will continue to pursue requisite interviews with two of the five volunteers referenced in the preceding paragraph.

In view of the above, the auditor finds WCF substantially compliant with 115.32(a).

115.32(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 8(b) addresses 115.32(b).

Contractors [food service contractors (Trinity) and medical] receive the same training as all other facility employees. Additionally, Trinity provides PREA training to food service staff at WCF.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 8(a) addresses 115.32(a).

The two food service and one medical contractor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate (in person) in the CC PREA Orientation or ART training (online), whichever is applicable. Additionally, the food service director or food service supervisor provides Trinity staff (food service contractor) PREA training on an Orientation and annual basis.

The training encompasses, but is not limited to, the agency's zero tolerance policy

against sexual abuse/harassment of inmates, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting, and the impact(s) of sexual abuse/harassment on the prison population.

The auditor's review of eight CORECIVIC TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE documents and CORECIVIC PREA Policy Acknowledgment Volunteer Training forms reveals three random contractors completed said training. They signed and dated the above documents which bear the "I understand" caveat.

Although the auditor has not received any responses to his voice mail messages from volunteers, he randomly selected six volunteers from the volunteer roster for the purpose of validating that they received either/or initial PREA training or PREA ART during the last 12 months. The auditor's review of CC PREA Training Acknowledgment Preservice and Inservice forms and/or PREA Policy Acknowledgment Volunteer Training reveals that the appropriate training was provided to five of six randomly selected volunteers. All of these forms capture the "I understand" caveat.

Of note, the auditor will continue to pursue requisite interviews with two of the five volunteers referenced in the preceding paragraph.

In view of the above, the auditor finds WCF substantially compliant with 115.32(b).

115.32(c)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section C(8)(d) addresses 115.32(c).

The auditor's review of eight CORECIVIC TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE documents and CORECIVIC PREA Policy Acknowledgment Volunteer Training forms reveals three random contractors completed said training. They signed and dated the above documents which bear the "I understand" caveat.

Although the auditor has not received any responses to his voice mail messages from volunteers, he randomly selected six volunteers from the volunteer roster for the purpose of validating that they received either/or initial PREA training or PREA ART during the last 12 months. The auditor's review of CC PREA Training Acknowledgment Preservice and Inservice forms and/or PREA Policy Acknowledgment Volunteer Training reveals that the appropriate training was provided to five of six randomly selected volunteers. All of these forms capture the "I understand" caveat.

In view of the above, the auditor finds WCF substantially compliant with 115.32(c).

Accordingly, the auditor finds CCF substantially compliant with 115.32.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.33(a)</p> <p>Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 1573 inmates admitted to WCF during the last 12 months were given this information at intake.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(1) and (2) address 115.33(a).</p> <p>The intake staff interviewee states she provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/ harassment. Specifically, she issues the CC PREVENT. DETECT. RESPOND. pamphlet (presented in English and Spanish) and the WCF Inmate Handbook (inclusive of four page addendum) to all incoming inmates. Additionally, she provides the PREA video to newly arriving inmates.</p> <p>If the inmate is non-English speaking, VOYCE is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired inmates. LanguageLine may be used for supply of sign language services. She reads materials to blind inmates and a staff translator may be used to translate Spanish.</p> <p>Twenty of 23 random inmate interviewees report they received at least one or more of the WCF Inmate Handbook, the aforementioned CC tri-fold pamphlet, and the PREA video at intake (day of arrival) up to three days from the date of arrival. PREA education generally concludes with PREA orientation facilitated by the case manager, inclusive of showing the PREA video. Of note, two of the 23 interviewees state they either did not view the PREA video or they do not recall whether they viewed the PREA video.</p> <p>The auditor's on-site review of 15 of 17 random inmate files pertaining to inmates received at WCF during 2023 and 2024 reveals that the WCF Inmate Handbook and the aforementioned tri-fold pamphlet were received by arriving inmates on the date of arrival. With respect to the last affected inmate (received at WCF during 2023 or 2024), supporting documentation was not located within his file.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.33(a).</p> <p>115.33(b)</p> <p>Pursuant to the PAQ, the Warden self reports 1130 inmates were admitted to WCF during the last 12 months whose length of stay was 30 days or more. According to</p>

the Warden, all of those inmates received comprehensive PREA education within 30 days of intake.

With respect to the disparity between the number of inmates who arrived at the facility during the last 12 months (1573) and the number of inmates whose length of stay was 30 days or more during the last 12 months (1130), the PCM asserts that the classification supervisor is tasked with tracking when inmates arrive and if they transfer before the 30-day comprehensive PREA education date. There was a classification supervisor vacancy for a short amount of time and, as a result, no one was tracking the same during that time. Accordingly, the comprehensive PREA education data, is skewed.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(3) addresses 115.33(b).

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Such education regarding the inmate's right to be free from sexual abuse and sexual harassment, the inmate's right to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, is generally provided in the intake materials and WCF Inmate Handbook. Additionally, the inmate's assigned case manager follows-up with the inmate within 30-days of arrival for additional PREA guidance.

Twenty of 23 random inmate interviewees report they received comprehensive PREA education either on the day of arrival or within 30 days of arrival at WCF. One interviewee states he did not receive such follow-up education. PREA education generally concludes with PREA orientation facilitated by the case manager, inclusive of showing the PREA video.

Of note, two of the 23 interviewees state they either did not view the PREA video or they do not recall whether they viewed the PREA video and as previously indicated, one interviewee states he did not receive comprehensive PREA education within 30 days of arrival at WCF. With respect to the interviewee who states he did not receive comprehensive PREA education within three days, the auditor's review of his file contradicts his statement.

The auditor's on-site review of 14 of 17 random inmate files pertaining to inmates received at WCF during 2023 and 2024 reveals that provision of comprehensive education did occur within 30-days of arrival at WCF. With respect to one of the three affected interviewees, he was not yet due for completion of comprehensive PREA education given the proximity of his date of arrival to the date of the interview. In one additional case, substantiating evidence could not be located in the inmate's file. In the last case, the 30-day comprehensive PREA education was provided nearly three months past the required date for provision.

In view of the above, the auditor finds WCF substantially compliant with 115.33(b).

115.33(c)

Pursuant to the PAQ, the Warden self reports that all inmates received within the last 12 months who remained at the facility for 30 days or more have been educated within 30 days of intake. The Warden further self reports agency policy requires that inmates who are transferred from one facility to another are educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility. As reflected above, all incoming residents are provided PREA education as attested to by documentation referenced.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(6) addresses 115.33(c).

In view of the above, the auditor finds WCF substantially compliant with 115.33(c).

115.33(d)

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all inmates, including those specific groups listed in the narrative for 115.16(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section H(2) addresses 115.33(d).

Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf inmates so they can converse with other individuals similarly situated. Additionally, the auditor's review of the VOYCE contract reveals that sign language is available pursuant to the same, the PREA video is available with subtitles for hearing impaired, and the PREA video transcript is likewise available for those inmates who are hearing impaired. The auditor notes that the CC PREA trifold pamphlet is presented in both English and Spanish.

The auditor's review of the VOYCE instructional document reveals a procedure is in place to provide interpretative services for non-English speaking and deaf inmates. Generally, solicitation of interpretational assistance through VOYCE is facilitated on staff telephones.

The following inmates with disabilities or limited English proficiency (LEP) types stated the facility provides information about sexual abuse and sexual harassment they are able to understand (one partially blind inmate, one partially hard of hearing inmate, two physically disabled inmates, six mental health/cognitively impaired inmates, three low reading inmates, one partially deaf inmate, and five LEP inmates). One LEP inmate stated he experienced difficulty understanding the information. Educational posters were noted to be posted in areas easily accessible to and observable by the inmate population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the inmate

population.

The intake staff interviewee states she provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, she issues the CC PREVENT. DETECT. RESPOND. pamphlet (presented in English and Spanish) and the WCF Inmate Handbook (inclusive of four page addendum) to all incoming inmates. Additionally, she provides the PREA video to newly arriving inmates.

If the inmate is non-English speaking, VOYCE is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired inmates. LanguageLine may be used for supply of sign language services. She reads materials to blind inmates and a staff translator may be used to translate Spanish.

The auditor reviewed the contract between CC and VOYCE for provision of services to LEP inmates. Services for 200-plus languages, plus sign language, are provided pursuant to this service. VOYCE can be accessed from any staff telephone or desktop and is generally accessed by staff. Of note, the auditor learned that all staff can access VOYCE.

The auditor did test VOYCE on November 1, 2024 pursuant to desktop originated in the conference room. The contact was successfully made, the CC contract number was entered, and the auditor heard the type of translation required prompt. At this point, the contact was terminated and considered to be successful.

In addition to the above, one bilingual staff interpreter is available to provide Spanish translation as experienced during LEP inmate interviews. A staff interpreter translated for five LEP interviewees and four of the five inmates stated they received initial PREA educational materials in English and Spanish and they understand the same.

In view of the above, the auditor finds WCF substantially compliant with 115.33(d)

115.33(e)

The auditor's PAQ review of two each completed documents entitled Receipt of Inmate Handbook (signed and dated by the inmate at intake), Inmate Orientation Checklist, and PREA Educational Acknowledgment (both Intake and 30-day) reveals substantial compliance with 115.33(e). Additionally, the auditor's onsite review of the aforementioned seventeen 2023 and 2024 inmate files reveals completion of the documents scripted above. One additional file pertained to an inmate who arrived at WCF during 2022.

In view of the above, the auditor finds WCF substantially compliant with 115.33(e).

115.33(f)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(5) addresses 115.33(f).

Based on PAQ review of documentation submitted in OAS, the auditor was under the impression that WCF inmates can access electronic tablets to order commissary, submit electronic emergency grievances, etc. However, pursuant to follow-up, the auditor has been advised that reporting sexual abuse/harassment via this method is not available at WCF. Furthermore, entry of a pin number or inmate number is not required when reporting a sexual abuse/harassment incident via #7732.

According to the PCM, outgoing mail is not opened unless suspicious circumstances are existent. If irregularities are noted with respect to the outgoing envelope, inclusive of a peculiar address/the envelope appears to be stuffed with unknown object(s)/substance(s), etc., the envelope may be opened following a clearance process. Outgoing envelopes addressed to the Office of Victim Services, State Board of Pardons and Parole, 2 Martin Luther King Drive, SE, Suite 458, Balcony Level East Tower, Atlanta, GA would not be opened. This address pertains to a non-CC/non-customer recipient of sexual abuse/harassment reports [115.33(a) and 115.51(b)]. The auditor notes that other addresses reflected above fall under the same parameters.

The auditor's review of a memorandum poster reflects that reports of sexual abuse or sexual harassment to an agency that is not part of CoreCivic or GDC can be written to the following address:

Office of Victim Services State Board of Pardons and Paroles, 2 Martin Luther King Drive SE, Suite 458, Balcony Level, East Tower, Atlanta, GA 30334.

Of note, this memorandum poster was not present in every pod in Units 600 and 700. However, during the facility tour, the auditor did ask at least two staff assigned to each unit and accompanying pods regarding the protocol to ensure the memorandum posters were properly hung each day and they advised that a staff member audits the same each day, re-posting the memorandum poster if the same has been removed or destroyed. The auditor finds this protocol to be appropriate under the circumstances and he also notes that the condition does not permeate throughout the facility.

While the auditor is comfortable that this memorandum poster presence is audited on a daily basis, he strongly recommends that the information be added into the WCF Inmate Handbook. Since all inmates receive the handbook, they would have requisite information at their fingertips.

In view of the above, the auditor finds WCF substantially compliant with 115.33(f).

Given the lack of adverse findings with respect to any of the 115.33 provisions, the

	auditor finds WCF substantially compliant with 115.33.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34(a)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(5) addresses 115.34(a).</p> <p>The administrative investigative staff interviewee states he has completed training specific to investigating sexual abuse in confinement settings. Specifically, he has completed both the six hour web based Moss Group training course regarding investigation of sexual abuse incidents in a confinement setting, GDC investigator training, inclusive of PREA investigations, and sexual abuse/harassment investigative training during the CC Investigator's training. These trainings included the following topics:</p> <p>Techniques for interviewing sexual abuse victims;</p> <p>Proper use of Miranda and Garrity warnings;</p> <p>Sexual abuse evidence collection in confinement settings; and</p> <p>The criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The criminal investigative interviewee states he has likewise completed specialty training regarding investigation of sexual abuse in a confinement setting. Specifically, he completed a one day in-service training, inclusive of sexual abuse investigations. Parts of the class were facilitated by GDC PREA staff.</p> <p>The auditor's review of the administrative investigator's electronic training record, as well as, his completed CORECIVIC PREA TRAINING ACKNOWLEDGMENT SPECIALTY TRAINING form reveals that he completed the requisite NIC web-based course on January 23, 2024. In addition to the above, the auditor's review of the administrative investigator's CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE AND INSERVICE forms dated November 20, 2022, July 8, 2023, and May 26, 2024 reveals he completed PREA ART as prescribed.</p>

The CORECIVIC PREA TRAINING ACKNOWLEDGMENT SPECIALTY TRAINING form reveals that the course included discussions regarding:

Techniques for interviewing sexual abuse victims;

Miranda and Garrity rights;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

The auditor notes that he has reviewed the training syllabus for the above training during previous PREA audits. He finds the same to be commensurate with 115.34(a).

The auditor's review of a secondary administrative investigator's National Institute of Corrections (NIC) certificate for the online PREA: Investigation of Sexual Abuse in a Confinement Setting course reveals she completed the same on May 8, 2018.

In view of the above, the auditor finds WCF substantially compliant with 115.34(a).

115.34(b)

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(5)(a) addresses 115.34(b).

The administrative interviewees states that specialized training included:

Techniques for interviewing sexual abuse victims;

Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative action or prosecution referral. This is commensurate with the auditor's findings pursuant to his review of the relevant lesson plan.

In view of the above, the auditor finds WCF substantially compliant with 115.34(b).

115.34(c)

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training. The Warden further self reports WCF currently employs one administrative PREA investigator and he/she completed the requisite training.

As mentioned in the narrative for 115.34(a), a second administrative investigator has completed requisite training, as validated by his/her certificate. The primary and

	<p>secondary sexual abuse/harassment administrative investigators' completion certificates are addressed in the narrative for 115.34(a).</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.34(c).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.34.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, all 44 medical and mental health care practitioners who work regularly at the facility, have received the requisite training.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(6) addresses 115.35(a).</p> <p>The auditor's cursory review of the National Institute of Corrections (NIC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.</p> <p>According to the medical/mental health interviewees, the medical practitioner does not recall completion of the specialized training regarding sexual abuse and sexual harassment by virtue of an on-line class that addressed the following:</p> <p>How to detect and assess signs of sexual abuse and sexual harassment;</p> <p>How to preserve physical evidence of sexual abuse;</p> <p>How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and</p> <p>How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The auditor's review of the interviewee's training file reveals that she did complete the respective online training on November 6, 2023.</p> <p>The mental health interviewee also states he did not complete a specialized PREA mental health in a confinement setting course however, pursuant to the auditor's review of his training file, he completed the requisite specialty training course on</p>

October 26, 2021.

The auditor's review of training documents for five medical/mental health practitioners, capturing medical and mental health staff who have completed specialty PREA medical and mental health training, reveals 5 of 44 medical staff have completed the same. Additionally, they completed requisite PREA training pursuant to 115.31.

The auditor has also been provided a roster entitled PREA Specialty Training for Medical/Mental Health staff wherein 55 names appear as completing such specialty training. At least one of the staff who completed this course was not a medical or mental health practitioner.

In view of the above, the auditor finds WCF substantially compliant with 115.35(a)

115.35(b)

Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated by WCF SANES.

The SANE interviewee, part owner of SART, Inc. and a SANE nurse, asserts that two on-call SANES, inclusive of herself, are SANE-trained pursuant to completion of an International Association of Forensic Nurses (IAFN) 40-hour in person course, didactic training, as well as, supervised completion of clinical examinations and a testing component. They have completed the aforementioned course and in-person forensic examinations under supervision. If a SANE-trained nurse is not available for some reason, the patient is referred to a local hospital for the conduct of a forensic examination.

The interviewee notes that prior to the conduct of a forensic examination at WCF, facility medical staff facilitate a cursory physical examination to ensure there are no life threatening injuries or conditions. Once cleared by facility medical practitioners, the onsite forensic examination is completed.

Accordingly, the auditor finds 115.35(b) not-applicable to WCF.

115.35(c)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(7) addresses 115.35(c).

Evidence substantiating completion of the medical/mental health PREA specialty training with respect to four WCF medical/mental health practitioners and one

	<p>contract medical practitioner is uploaded into OAS. Documentation of training completion is accomplished through CORECIVIC PREA TRAINING ACKNOWLEDGMENT SPECIALIZED TRAINING, PREA Specialty Training for Medical, and completed training rosters and certificate(s).</p> <p>The auditor's review of training documents for five medical/mental health practitioners, capturing medical and mental health staff who have completed specialty PREA medical and mental health training reveals 5 of 44 medical staff have completed the same. Additionally, they completed requisite PREA training pursuant to 115.31.</p> <p>The auditor has also been provided a roster entitled PREA Specialty Training for Medical/Mental Health staff wherein 55 names appear as completing such specialty training. At least one of the staff who completed this course was not a medical or mental health practitioner.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.35(c).</p> <p>115.35(d)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(6) addresses 115.35(d).</p> <p>The auditor has been provided documentation (individual training rosters) substantiating that four medical/mental health staff have completed 2024 PREA Orientation or ART training and one contractor completed PREA Orientation training.</p> <p>Given the above, the auditor finds WCF substantially compliant with 115.35(d).</p> <p>Accordingly, in view of the lack of findings, the auditor finds WCF substantially compliant with 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring assessment (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other inmates.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(1)</p>

addresses 115.41(a).

According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, she does screen inmates upon admission to WCF or upon return from court for risk of sexual abuse victimization or sexual abusiveness (victimization/abusiveness assessment) towards other inmates. The interviewee states that assessments are facilitated one-on-one in an office behind closed doors. There is a window in the office door. She discreetly asks the questions articulated in the assessment tool and subsequently records the inmate's response(s). She does review classification material already available in SCRIBE (electronic inmate information program) prior to the inmate's arrival. If she is on vacation, the classification supervisor makes the call as to who will screen.

While the auditor did observe the area in which victimization/aggressor assessments are conducted, he did not observe an actual assessment. As reflected above, the auditor asked specific questions of the interviewee from which to determine protocol and effectiveness in the assessment process. He also reviewed completed initial assessments and reassessments to determine comprehensiveness.

Nine of 10 applicable (arrival dates at WCF within the last 12 months) random inmate interviewees state they did receive an initial PREA assessment at intake (day of arrival or within 24 hours of arrival). During the facility tour, the auditor did randomly question two inmates as to whether they were asked these questions on the day of arrival and both responded in the affirmative.

The auditor's review of the initial assessment for the one applicable inmate interviewee who reported he was not initially assessed in a timely manner reveals he was initially assessed upon the date of arrival at WCF.

In view of the above, the auditor finds WCF substantially compliant with 115.41(a).

115.41(b)

Pursuant to the PAQ, the Warden self reports policy requires inmates to be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the last 12 months, the Warden self reports 1573 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility.

The auditor notes that pursuant to the facility information section reflected in this report, 1573 inmates were received at the facility during the last 12 months (either through intake or transfer) whose length of stay in the facility was 72 hours or more. Accordingly, based on the Warden's assertion, all applicable inmate commitments were initially screened within 72 hours of arrival at WCF. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(2)

addresses 115.41(b). This policy requires initial assessment within 24 hours of arrival at the facility.

According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, she does screen inmates upon admission to WCF or upon return from court for risk of sexual abuse victimization or sexual abusiveness (victimization/abusiveness assessment) towards other inmates. The interviewee states that assessments are facilitated one-on-one in an office behind closed doors. There is a window in the office door. She discreetly asks the questions articulated in the assessment tool and subsequently records the inmate's response(s). She does review classification material already available in SCRIBE (electronic inmate information program) prior to the inmate's arrival. If she is on vacation, the classification supervisor makes the call as to who will screen.

The interviewee states that she generally facilitates initial assessments within 24 hours of arrival at WCF. A hard copy of the assessment tool is entered into SCRIBE within 72 hours of arrival at WCF. Subsequent to the initial assessment, inmates are moved to the intake unit.

Nine of 10 applicable (arrival dates within the last 12 months) random inmate interviewees state they did receive an initial PREA assessment at intake. During the facility tour, the auditor did randomly question two inmates as to whether they were asked these questions on the day of arrival and both responded in the affirmative.

The auditor's on-site random review of 16 of 18 inmate files (inmate arrival dates during the last 12 months) reveals initial sexual victimization/aggressor assessments were conducted on the date of arrival at WCF while one assessment was not available in the inmate's file. One random inmate file review pertained to an individual who arrived at WCF during 2022.

In view of the above, the auditor finds WCF substantially compliant with 115.41(b).

15.41(c)

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section G(3) addresses 115.41(c). At WCF, a GDC assessment tool is used.

Pursuant to the auditor's onsite review of the initial assessments cited in the narratives for 115.41(a) and (b), the same do reflect the questions articulated in 115.41(d) and (e). The weighting system is clearly articulated on page 2 of the sample assessment document uploaded into OAS.

Pursuant to the same, inmates are classified as either Potential Victims (PVs)/Known Victims (KVs) or Potential Aggressors (PAs)/Known Aggressors (KAs). Of note, the weighting system is contingent upon the inmate's responses to specific question(s)

and staff observations. An Unrestricted classification is assigned to those inmates who do not score as either victims or aggressors.

The PCM asserts that the GDC PREA SEXUAL VICTIM/SEXUAL AGGRESSOR CLASSIFICATION SCREENING INSTRUMENT is first completed manually and subsequently in electronic mode in the SCRIBE system. The questions are weighted, however, the weight is not assigned by the individual completing the form. The computer system assesses the response(s) and assigns the weight according to programming. For example a "yes" response to the question regarding prior victimization would be weighted higher than a "yes" response regarding a hold for civil immigration.

In view of the above, the auditor finds WCF substantially compliant with 115.41(c).

115.41(d)

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section G(4) reveals that the intake assessment considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

Whether the inmate has a mental, physical, or developmental disability;

The age of the inmate;

The physical build of the inmate;

Whether the inmate has previously been incarcerated;

Whether the inmate's criminal history is exclusively nonviolent;

Whether the inmate has prior convictions for sex offenses against an adult or child;

Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (question is asked by the screener, as well as, assessed pursuant to observation);

Whether the inmate has previously experienced sexual victimization;

The inmate's own perception of vulnerability; and

Whether the inmate is detained solely for civil immigration purposes.

The staff member who performs initial assessment for risk of victimization and abusiveness interviewee states that assessment questions, minimally, encompass:

Sexual victimization history (both institution and community);

Confinement history;

History of violence;

LGBTI status;

Age;

Non-violent offense?; and

Is this the first time in jail or prison?

According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, she does screen inmates upon admission to WCF or upon return from court for risk of sexual abuse victimization or sexual abusiveness (victimization/abusiveness assessment) towards other inmates. The interviewee states that assessments are facilitated one-on-one in an office behind closed doors.

There is a window in the office door. She discreetly asks the questions articulated in the assessment tool and subsequently records the inmate's response(s). She does review classification material already available in SCRIBE (electronic inmate information program) prior to the inmate's arrival. If she is on vacation, the classification supervisor makes the call as to who will screen.

The interviewee states that she generally facilitates initial assessments within 24 hours of arrival at WCF. A hard copy of the assessment tool is entered into SCRIBE within 72 hours of arrival at WCF. Subsequent to the initial assessment, inmates are moved to the intake unit.

In view of the above, the auditor finds WCF substantially compliant with 115.41(d).

115.41(e)

As previously indicated, the statement of the staff responsible for risk assessment interviewee, CC policy, and the auditor's review of the GDC PREA VICTIM/SEXUAL AGGRESSOR CLASSIFICATION SCREENING INSTRUMENT reveal that 115.41(e) questions are addressed in the assessment instrument.

In view of the above, the auditor finds WCF substantially compliant with 115.41(e).

115.41(f)

Pursuant to the PAQ, the Warden self reports 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 assessment. In the last 12 months, the Warden self reports 1130 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 30 days of entry into the facility. The auditor again notes that pursuant to the facility information section reflected in this report, 1130 inmates were received at the facility during the last 12 months (either through intake or transfer) whose length of

stay in the facility was 30 days or more.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(13) addresses 115.41(f).

The staff responsible for risk assessment interviewee states within 30 days of arrival at WCF, the inmate's respective case manager facilitates a reassessment.

Three of the nine applicable (arrival dates within the last 12 months) random inmate interviewees state they did receive a reassessment within 30 days of arrival at WCF. Four of the six remaining inmates state they were not reassessed while two interviewees were not yet due for reassessment at the time of the interviews. Of note, the auditor's review of three of the four files associated with inmates who stated they were not reassessed reveals they received reassessments within 30-days of arrival at WCF.

The auditor's further review of 17 of 18 applicable randomly selected inmate files (accompanying files for inmates received at WCF during the last 12 months) reveals reassessments were completed within 30 days of arrival. In the remaining case, the inmate arrived at WCF during 2022.

In view of the above, the auditor finds WCF substantially compliant with 115.41(f).

115.41(g)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(15) and (16) addresses 115.41(g).

The PCM states that during the last 12 months, zero reassessments were facilitated 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. The auditor notes that he has not become aware of any information contrary to that provided by the PCM.

The staff who performs assessment for risk of victimization and abusiveness interviewee states that the case manager assigned to the inmate requiring reassessment as the result of a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness would facilitate the reassessment. The UM may alert the CM(s) as to the need for such reassessment.

In view of the above, the auditor finds WCF substantially compliant with 115.41(g).

115.41(h)

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

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

Whether or not the inmate is 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(7) addresses 115.41(h).

The staff who performs assessment for risk of sexual victimization and sexual abusiveness interviewee states inmates are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.

The PCM states that zero inmates have been disciplined for refusing to answer or failing to disclose information regarding the above four questions.

In view of the above, the auditor finds WCF substantially compliant with 115.41(h).

115.41(i)

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 10 and 11, section G(12)(a-d) addresses 115.41(i).

According to the CCPC, WCF PCM, and the staff who performs assessment for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. According to the WCF PCM, such information consumption is generally limited to the Warden, PCM, AWs, ADO staff, investigator, and mental health staff. The CCPC asserts that access is generally limited to case managers and treatment staff. Assessments and reassessments generated in SCRIBE are password protected. The staff responsible for risk assessment interviewee states access to assessments/reassessments is limited to the CM, UM, PCM, AWs and Warden.

The auditor notes that victimization/aggressor assessments are maintained in inmate files in locked file cabinets in the Records Area. During the facility tour and review of random inmate files, the auditor did observe the same. Access to electronic documentation can be accessed only by those staff who have been granted system privileges.

	<p>In view of the above, the auditor finds WCF substantially compliant with 115.41(i).</p> <p>In view of the evidence reflected throughout this standard narrative, the auditor finds WCF substantially compliant with 115.41.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.42(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9 section (G)(1) and page 13, section I(1) address 115.42(a).</p> <p>The PCM and the staff responsible for risk screening interviewees state that the SCRIBE system assigns PV, KV, PA, and KA status to each initial and reassessment screening. PVs and KVs can be housed together, as well as PAs and KAs can be housed together. All of the above classifications can be housed with those inmates classified as Unrestricted. Victims and aggressors are not housed in the same cell or bunk. In open dorms, Vs are housed in a separate area in comparison to Ps. Housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns.</p> <p>The auditor's review of an Alert email from the staff responsible for risk screening reveals close communication to ensure decision makers are in the loop regarding screening assignments and findings. These emails create a traceable chain of evidence to minimize assignment errors.</p> <p>The classification supervisor facilitates housing assignments based on the aforementioned risk assessment. She states that when late buses are received, the intake officer reviews SCRIBE for any historical sexual abuse/victimization information to assist with temporary bed assignments until reviewed by the classification supervisor. Incoming inmates are placed in the Intake Unit following risk assessment. Pursuant to the auditor's observations during the facility tour, program and work assignments are supervised by staff.</p> <p>The auditor notes that a recapitulation of risk assessments conducted at other facilities at which the inmate has been housed is displayed in SCRIBE. Specifically, victim and aggressor findings are noted for each facility.</p>

Accordingly, the auditor finds WCF substantially compliant with 115.42(a).

115.42(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(4) addresses 115.42(b).

The staff responsible for risk screening interviewee asserts that the SCRIBE system assigns PV, KV, PA, KA classifications and those with none of these statuses, to each initial and reassessment screening. Victims and aggressors are not housed in the same cell. In open dorms, Vs are housed in a separate area in comparison to As. Housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns.

The auditor's review of an Alert email from the staff responsible for risk screening (uploaded to OAS) reveals close communication to ensure decision makers are in the loop regarding screening assignments and findings. These emails create a traceable chain of evidence to minimize assignment errors ensuring that decision-makers are in the loop regarding screening assignments and findings. These emails create a traceable chain of evidence to minimize assignment errors.

The classification supervisor facilitates housing assignments based on the aforementioned risk assessment. She states that when late buses are received, the intake officer reviews SCRIBE for any historical sexual abuse/victimization information to assist with temporary bed assignments until reviewed by the classification supervisor. Incoming inmates are placed in the Intake Unit following risk assessment. Pursuant to the auditor's observations during the facility tour, program and work assignments are supervised by staff.

The auditor notes that a recapitulation of risk assessments conducted at other facilities at which the inmate has been housed is displayed in SCRIBE. Specifically, victim and aggressor findings are noted for each facility.

In view of the above, the auditor finds WCF substantially compliant with 115.42(b).

115.42(c)

Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex inmates in the facility on a case-by-case basis however, designation to WCF is accomplished by GDC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 13 and 14 section (I)(7)(b) addresses 115.42(c). Additionally, CC Policy 14-9 entitled Management of Transgender and Intersex Inmates in Prison and Jail Facilities, pages

6-8, sections F(1-17) and G(1-5) address 115.42(b-d) minimally. These policies reflect the following: the decision whether to assign a transgender or intersex inmate to a male or female facility will generally be made by the contracting agency prior to arrival at a CC facility; the Warden shall consult with his approving contracting agency representative, CC Managing Director, Operations, CC FSC PREA Coordinator in the event there are concerns with a placement.

In deciding whether to house a transgender/intersex inmate in a male or female pod or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such inmates, the facility will consider whether placement would ensure the inmate's health and safety and whether the placement would present management or security problems. As reflected in the document entitled Transgender/Intersex Assessment and Treatment Plan, the same is utilized subsequent to referral from intake, referral post intake, and any reassessments. Various sexual safety assessment/reassessment factors are addressed in that document to assist staff with sexual safety decision-making within the facility, inclusive of placement in a male or female cell or dormitory. Of note, the inmates, as well as, members of the SART sign and date this document.

The PCM asserts housing assignments for transgender/intersex inmates are determined pursuant to review of the screening results. Transgender/intersex inmates are dispersed in different pods, dependent upon security and safety concerns. Transgender/intersex inmates are not placed in specific pods or areas but rather, the safest environment based on historical and current information. All programming areas are supervised by staff.

Members of the Sexual Abuse Response Team (SART) meet with the transgender/intersex inmate to address management preferences and needs upon arrival at WCF. The agency considers whether the placement will ensure the inmate's health and safety. Additionally, the agency considers whether the placement would present management or security problems. SART Team members subsequently meet with transgender and intersex inmates on a twice annual basis to reassess sexual safety.

When questioned, the PCM stated that new commitments are generally designated to WCF from the Georgia Diagnostic Facility. Officials from that facility identify the sex of the inmate.

All four transgender inmate interviewees state staff have asked questions about their safety with one interviewee stating that her counselor asks such questions routinely. The remaining three interviewees state staff asks such questions on a twice annual basis, minimally.

Pursuant to the auditor's review of relevant documentation regarding four random transgender/intersex inmates, he finds that an initial Transgender/Intersex Assessment and Treatment Plan Meeting was not conducted with respect to two transgender inmates received at WCF during the last 18 months. The other two transgender/intersex inmates arrived at WCF during 2017 and 2022, respectively. Clearly, initial Transgender/Intersex Assessment and Treatment Plan Meetings are not consistently conducted with respect to new arrivals.

In view of the above, the auditor finds WCF non-compliant with 115.42(c), thereby imposing a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.42(c) and (d) requirements. The due date for corrective action completion is May 13, 2025.

To demonstrate compliance with 115.42(c) and (d), the PCM will provide training to all stakeholders (members of the SART team at WCF) regarding the nuances of 115.42(c) and (d). This training will include a complete overview of the standard and provision requirements. If development of procedures for referral of transgender/intersex inmates for SART review is required, a copy of those procedures will also be included in the training plan. A copy of the training plan, as well as, evidence of stakeholder completion of the training will be uploaded into OAS.

Between the date of this interim report and May 13, 2025, the PCM will upload all completed Transgender/Intersex Assessment and Treatment Plans regarding transgender/intersex inmates received at WCF. Additionally, all completed Transgender/Intersex Assessment and Treatment Plans [(applicable 115.42(d) requirements)] regarding transgender/intersex inmates currently confined at WCF will be uploaded. The auditor will subsequently review the same for compliance with 115.42(c) and (d).

In view of the above, the auditor finds WCF non-compliant with 115.42(c).

March 30, 2025 Update:

The auditor's review of an email dated January 30, 2025 reveals that all case managers and intake staff are required to contact the SART team immediately whenever a transgender or intersex inmate is received at WCF as pursuant to local practice, SART facilitates the initial Transgender/Intersex Assessment and Treatment Plan Meeting within 24 hours of arrival. In addition to the above, the auditor's review of a training curriculum reveals that subsequent twice annual SART meetings are facilitated to address safety, security, programming considerations relevant to the transgender/intersex inmate's confinement at WCF. Nine department heads, inclusive of three unit managers and the PCM, completed the remaining training.

May 9, 2025 Update:

The auditor's review of an email dated February 3, 2025 addressed to 29 recipients (screeners) reveals that all affected staff are required to communicate to members of the SART team all inmates who self identify as transgender/intersex. Clearly, all stakeholders have been apprised of requirements associated with 115.42(c). The auditor finds that this email serves as evidence of requisite training.

In addition to the above, the auditor's review of two completed Initial Transgender/Intersex Assessment and Treatment Plans regarding transgender/intersex inmates received at WCF since the issuance of the interim PREA Report reveals

implementation of both standard provision and policy.

Accordingly, the auditor now finds WCF substantially compliant with 115.42(c).

115.42(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14 section (I)(7)(d) addresses 115.42(d).

The PCM asserts placement and programming assignments for each transgender/intersex inmate are subsequently reassessed a minimum of two times per year for any threats to safety experienced by the inmate. This assessment is managed by the SART team.

Pursuant to the auditor's review of relevant documentation regarding four random transgender/intersex inmates, he finds that the twice annual Transgender/Intersex Assessment and Treatment Plan Meetings were not consistently conducted with respect to three of the four transgender inmates housed at WCF during the last 18 months. Clearly, the twice annual Transgender/Intersex Assessment and Treatment Plan Meetings are not conducted on a consistent basis at WCF.

In view of the above, the auditor finds WCF non-compliant with 115.42(d), thereby imposing a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.42(d) requirements. The due date for corrective action completion is May 13, 2025.

To demonstrate compliance with 115.42(c) and (d), the PCM will provide training to all stakeholders (members of the SART team at WCF) regarding the nuances of 115.42(d). This training will include a complete overview of the standard and provision requirements. If development of procedures for referral of transgender/intersex inmates for SART review is required, a copy of those procedures will also be included in the training plan. A copy of the training plan, as well as, evidence of stakeholder completion of the training will be uploaded into OAS.

Between the date of this interim report and May 13, 2025, the PCM will upload all completed Transgender/Intersex Assessment and Treatment Plans regarding transgender/intersex inmates received at WCF. Additionally, all completed Transgender/Intersex Assessment and Treatment Plans [(applicable 115.42(d) requirements)] regarding transgender/intersex inmates currently confined at WCF will be uploaded. The auditor will subsequently review the same for compliance with 115.42(c) and (d).

In view of the above, the auditor finds WCF non-compliant with 115.42(d).

March 30, 2025 Update:

The auditor's review of an email dated January 30, 2025 reveals that all case

managers and intake staff are required to contact the SART team immediately whenever a transgender or intersex inmate is received at WCF as pursuant to local practice, SART facilitates the initial Transgender/Intersex Assessment and Treatment Plan Meeting within 24 hours of arrival. In addition to the above, the auditor's review of a training curriculum reveals that subsequent twice annual SART meetings are facilitated to address safety, security, programming considerations relevant to the transgender/intersex inmate's confinement at WCF. Nine department heads, inclusive of three unit managers and the PCM, completed the remaining training.

May 9, 2025 Update:

The auditor's review of two Training/Activity Attendance Rosters dated February 20, 2025 and March 3, 2025 reveals that 22 administrative duty officers and security supervisors completed training regarding the nuances of 115.42(d). Additionally, the auditor's review of the syllabus regarding 115.42(d) requirements reveals the same is substantially compliant with 115.42(d). Accordingly, the auditor is satisfied that WCF is substantially compliant with 115.42(d).

The auditor's review of two twice annual Transgender/Intersex Assessment and Treatment Plans regarding transgender/intersex inmates received at WCF since the issuance of the interim PREA Report reveals implementation of both standard provision and policy. The completed documents are both timely and substantive.

In view of the above, the auditor now finds WCF substantially compliant with 115.42(d).

115.42(e)

Pursuant to the PAQ, the Warden asserts that a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(7)(c) addresses 115.42(e).

The PCM asserts transgender/intersex inmate's own views with respect to his/her safety are given serious consideration in placement and programming assignments. The staff responsible for risk screening interviewee validates the statement of the PCM. The actual assessment tool reflects questions designed to elicit the inmate's own views with respect to his or her own safety.

All four transgender inmate interviewees state that staff have asked questions about their safety with one interviewee stating that her counselor asks such questions routinely. The remaining three interviewees state staff asks such questions on a twice annual basis, minimally.

In view of the above, the auditor finds WCF substantially compliant with 115.42(e).

115.42(f)

The PCM and staff responsible for risk screening state transgender/intersex inmates are given the opportunity to shower separately from other inmates. Such requests may be accommodated by showering in Main Medical. Separate shower requests are initiated by the inmate and routed through the SART team with the PCM having final approval authority.

Three of the four transgender inmate interviewees state they shower separate from the inmate population (in Main Medical). One interviewee states she showers in the unit.

In view of the above, the auditor finds WCF substantially compliant with 115.42(f).

115.42(g)

Pursuant to the PAQ, the Warden asserts the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section (I)(7)(e) addresses 115.42(g).

According to the CCPC, it is contrary to CC policy to place LGBTI inmates together in dedicated Housing unit(s). Housing decisions are made at the facility level using screening forms to assess risk. Transgender inmates are reviewed individually in consideration of their safety concerns. The Transgender/Intersex Assessment and Treatment Plan Meeting Form is also used at least twice annually to assess risk and appropriate housing/programming safety concerns.

The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. The four transgender inmates state they have not been placed in a housing area only for transgender or intersex inmates. Accordingly, the auditor finds no evidence of transgender/intersex inmate placement in designated housing units. Of note, the PCM states zero gay or bisexual inmates were housed at WCF at the time of the onsite visit.

In view of the above, the auditor finds WCF substantially compliant with 115.42(g).

Accordingly, in view of the completed corrective action noted in the narratives for 115.42(c) and (d) and the evidence cited throughout the 115.42 narrative, the auditor now finds WCF substantially compliant with 115.42.

115.43	Protective Custody
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 400 376">115.43(a)</p> <p data-bbox="256 409 1485 701">Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.</p> <p data-bbox="256 734 1437 813">CC Policy 10-1 entitled Special Management/Restrictive Housing Unit Management, pages 17 and 18, section E(2) and E(2)(a) addresses 115.43(a).</p> <p data-bbox="256 846 1485 1182">The Warden asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an inmate can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If an inmate requests protective custody, he may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.</p> <p data-bbox="256 1216 1433 1249">In view of the above, the auditor finds WCF substantially compliant with 115.43(a).</p> <p data-bbox="256 1361 400 1395">115.43(b)</p> <p data-bbox="256 1429 1437 1507">CC Policy 10-1 entitled Special Management/Restrictive Housing Unit Management, page 18, section E(6) addresses 115.43(b).</p> <p data-bbox="256 1541 1437 1664">According to the PCM, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.</p> <p data-bbox="256 1697 1477 1865">The staff who supervises inmates in segregated housing interviewee states that inmates would not be placed in RHU pursuant to 115.43(a) provisions. If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:</p> <p data-bbox="256 1899 1469 2022">Programs (religious services staff visit RHU and can provide reading materials, etc. to inmates, education staff visit RHU, librarian exchanges books, and inmates receive five hours of recreation per week);</p> <p data-bbox="256 2056 1166 2089">Privileges (telephone and commissary are available to inmates);</p>

Education (inmates can request access to educational materials); and

Work opportunities (none as porters or orderlies are selected from general population inmates).

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR). The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the CAR. Additionally, such restrictions are logged in a log book maintained in the RHU.

Of note, during the facility tour, the auditor observed the CAR process and information provided on the same.

In view of the above, the auditor finds WCF substantially compliant with 115.43(b).

115.43(c)

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

CC Policy 10-2 entitled Special Management/Restrictive Housing Unit Management, page 18, section E(3) addresses 115.43(c).

The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same were to occur, the longest placement under such circumstances would be limited to the time necessary to evaluate a safe situation.

The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody however, she states that she is not aware of the maximum length of time for such placements.

As previously mentioned, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.

In view of the above, the auditor finds WCF substantially compliant with 115.43(c).

115.43(d)

As previously indicated in the narrative for 115.43(a), the Warden self reports zero inmates at risk for sexual victimization were held in involuntary segregated housing

	<p>within the last 12 months for one to 24 hours awaiting completion of assessment.</p> <p>Pursuant to random review of sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.</p> <p>CC Policy 10-2 entitled Special Management/Restrictive Housing Unit Management, page 18, section E(4) addresses 115.43(d). The auditor finds that the 115.43(d) process is in place should the need arise.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.43(d).</p> <p>115.43(e)</p> <p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CC Policy 10-2 entitled Special Management/Restrictive Housing Unit Management, page 18, section E(5) addresses 115.43(e).</p> <p>The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>As previously mentioned, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.43(e).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.43.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:</p>

Sexual abuse or sexual harassment;

Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment of inmates; and

Staff neglect or violation of responsibilities that may have contributed to such incidents.

Reporting options, as articulated in the WCF Inmate Handbook, during pre-audit review of materials uploaded into OAS include the following:

GDC Sexual Assault Hotline: PREA (7732);

Office of Internal Affairs, 2 Martin Luther King Jr. Drive, SE, Suite 954, Atlanta, GA 30334;

PREA Coordinator, Georgia Department of Corrections, STATE OFFICES SOUTH @ TIFT COLLEGE, 300 Patrol Road, Forsyth, GA 31029; and

Office of Investigations and Compliance Inmate Affairs and Ombudsman, 2 Martin Luther King Jr. Drive, SE, Suite 954, Atlanta, GA 30334.

Based on PAQ review of documentation submitted in OAS, the auditor was under the impression that WCF inmates can access electronic tablets to order commissary, submit electronic emergency grievances, etc. However, pursuant to follow-up, the auditor has been advised that reporting sexual abuse/harassment via this method is not available at WCF. Furthermore, entry of a pin number or inmate number is not required when reporting a sexual abuse/harassment incident via #7732.

According to the PCM, outgoing mail is not opened unless suspicious circumstances are existent. If irregularities are noted with respect to the outgoing envelope, inclusive of a peculiar address/the envelope appears to be stuffed with unknown object(s)/substance(s), etc. the envelope may be opened following a clearance process. Outgoing envelopes addressed to the Office of Victim Services, State Board of Pardons and Parole, 2 Martin Luther King Drive, SE, Suite 458, Balcony Level East Tower, Atlanta, GA would not be opened. This address pertains to a non-CC/non-customer recipient of sexual abuse/harassment reports [115.33(a) and 115.51(b)].

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 17 and 18, section K(1)(a and b)(i-vii) addresses 115.51(a).

The auditor's review of a memorandum poster reflects that reports of sexual abuse or sexual harassment to an agency that is not part of CoreCivic or GDC can be written to the following address:

Office of Victim Services State Board of Pardons and Paroles, 2 Martin Luther King Drive SE, Suite 458, Balcony Level, East Tower, Atlanta, GA 30334.

Of note, this memorandum poster was not present in every pod in Units 600 and 700. However, during the facility tour, the auditor did ask at least two staff assigned to each unit and accompanying pods regarding the protocol to ensure the

memorandum posters were properly hung each day and they advised that a staff member audits the same each day, re-posting the memorandum poster if the same has been removed or destroyed. The auditor finds this protocol to be appropriate under the circumstances and he also notes that the condition does not permeate throughout the facility.

The auditor did test the "7732" number on October 29, 2024 and the test call went to the GDC PREA Mail Box. A pin number or inmate number was not required to place the call. On October 30, 2024, GDC staff emailed the Warden and advised of the test call and accordingly, the auditor determined that the test was effective.

All 12 random staff interviewees were able to cite at least two methods for inmates to report sexual abuse/harassment, retaliation, and staff neglect or violation of responsibilities at WCF. Specifically, inmates can report via verbal report(s) to staff, submission of a written report, reporting via the GDC PREA Mail Box (7732), submission of a grievance, and contact the ombudsman, third-party reports.

Twenty of 23 random inmate interviewees were able to cite at least one method of reporting sexual abuse/harassment at WCF, while two inmates stated they would not report. Methods of reporting cited are as follows:

GDC Hotline;

Verbal report to staff;

Third party;

Written;

Grievance; and

Kiosk.

In view of the above, the auditor finds WCF substantially compliant with 115.51(a).

115.51(b)

Pursuant to the PAQ, the Warden self reports the agency provides 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. The Warden further self reports the agency does not have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security as those inmates are not housed at WCF. The CCPC and PCM assert that zero ICE inmates, housed solely for civil immigration purposes, are confined at WCF.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(1)(c and d) addresses 115.51(b).

Twenty of 23 random inmate interviewees were able to cite at least one method of reporting sexual abuse/harassment at WCF, while two inmates stated they would not report. Cited methods of reporting are as follows:

GDC Hotline;

Verbal report to staff;

Third party;

Written;

Grievance; and

Kiosk.

Seventeen of 23 random inmate interviewees assert they are allowed to make a report without giving their name.

According to the WCF PCM, inmates can submit a written report to the Office of Victim Services State Board of Pardons and Paroles to report a sexual abuse/harassment incident pursuant to 115.51(b). The letter is treated as "legal mail". Locked mailboxes are located in each of the two dining halls. Mail Room staff pick up the mail Monday through Friday and process the same. Office of Victim Services State Board of Pardons and Paroles subsequently report any allegation(s) to the Warden.

The auditor's review of a memorandum poster reflects that reports of sexual abuse or sexual harassment to an agency that is not part of CoreCivic or GDC can be written to the following address:

Office of Victim Services State Board of Pardons and Paroles, 2 Martin Luther King Drive SE, Suite 458, Balcony Level, East Tower, Atlanta, GA 30334.

Of note, this memorandum poster was not present in every pod in Units 600 and 700. The auditor notes that the same information was also not included in the WCF Inmate Handbook.

While the auditor is comfortable that this memorandum poster presence is audited on a daily basis, he strongly recommends that the information be added into the WCF Inmate Handbook. Since all inmates receive the handbook, they would have requisite information at their fingertips.

In view of the above, the auditor finds WCF substantially compliant with 115.51(b).

115.51(c)

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

required to document verbal reports of sexual abuse/harassment received from inmates within 24 hours of receipt of the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(2)(b) addresses 115.51(c).

Ten of 12 random staff interviewees state that when an inmate alleges sexual abuse or sexual harassment, he/she can do so verbally, in writing, anonymously, and from third parties. Similarly, 10 of 12 random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

Twenty of 23 random inmate interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing. Seventeen of 23 random inmate interviewees state that someone else can make a report for them without mentioning their name.

In view of the above, the auditor finds WCF substantially compliant with 115.51(c).

115.51(d)

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Staff are informed of these procedures by virtue of Ethics Line poster(s) and inservice training.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(h) addresses 115.51(d).

All 12 random staff interviewees state staff can privately report sexual abuse and sexual harassment by any of the following methods:

Submission of a written report to the Warden/PCM/ADO/supervisory staff;

Closed door verbal report(s) to the same staff;

Call Ethics Hotline;

Call "7732" Hotline;

Email; and

Contact supervisor via telephone.

In view of the above, the auditor finds WCF substantially compliant with 115.51(d).

In view of the lack of adverse findings regarding any of the 115.51 requirements, the auditor finds WCF substantially compliant with 115.51.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52(a-g)</p> <p>Pursuant to the PAQ, the Warden self reports the agency does have an administrative procedure for dealing with inmate grievances regarding sexual abuse. However, as reflected in the following policy citation, there is both a policy and a practice in terms of processing sexual abuse reports.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(1)(e)(i and ii) addresses 115.52. All sexual abuse/harassment issues submitted as a grievance are immediately forwarded to the facility investigator or ado for investigation pursuant to this policy. GDOC Standard Operating Procedure (SOP) 227.02 entitled Statewide Grievance Procedure, page 5, section i indicates that sexual abuse and sexual harassment allegations shall be forwarded to the institutional SART and processed according to GDOC SOP 208.06 entitled Prison Rape Elimination Act: Sexually Abusive Behavior Prevention and Intervention Program.</p> <p>Clearly, sexual abuse/harassment matters are managed pursuant to the facilitation of an investigation as defined throughout these standards. Accordingly, the auditor finds that WCF is exempt from 115.52(a-g). The aforementioned GDC SOP validates this process.</p> <p>In view of the above, the auditor finds WCF substantially compliant with the intent of 115.52.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <p>Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape crisis organizations;</p> <p>Giving inmates mailing addresses and telephone numbers (including toll-free Hotline</p>

numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and

Enabling reasonable communication between inmates and these organizations in as confidential manner as possible.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, sections F(3, 4, 5, and 6) addresses 115.53(a). Pursuant to controlling policy, 115.53(a) victim advocacy services are available through Satilla Advocacy Services. Confidential emotional support services are provided through a hotline as required by 115.53(a).

The auditor's review of the WCF Inmate Handbook and memorandum poster reveals that Satilla Advocacy Services is a recognized emotional support service pursuant to 115.53(a). The Satilla Advocacy Services telephone number, as well as, address is clearly reflected in the WCF Inmate Handbook, as well as, the memorandum poster hung in several areas.

As mentioned in the narrative for 115.51(b), the memorandum poster was sporadically hung in Units 600 and 700. However, during the facility tour, the auditor did ask at least two staff assigned to each unit and accompanying pods regarding the protocol to ensure the memorandum posters were properly hung each day and they advised that a staff member audits the same, re-posting the memorandum poster if the same has been removed or destroyed. The auditor finds this protocol to be appropriate under the circumstances and he also notes that the condition does not permeate throughout the facility.

The auditor notes that within the WCF Inmate Handbook, readers are directed to contact a member of their unit team to facilitate a telephone call to Satilla Advocacy Services. Thus, the telephone call is unmonitored, free of charge, and not recorded. Similar language is likewise reflected within the aforementioned memorandum poster.

On November 1, 2024, the auditor tested the telephone number reflected within the aforementioned poster to test the Satilla Advocacy Services line. The test was considered successful as the auditor conversed with a VA. The telephone call was made from the Command Post.

In view of the above, the auditor finds WCF substantially compliant with 115.53(a).

Three of the four inmates who reported sexual abuse incidents at WCF state the facility does not provide information (addresses and telephone numbers) regarding community provider(s) who provide victim advocacy services to assist victims with sexual abuse trauma. Therefore, they could not identify the name(s) of such services, when they can call them or contact them, and whether telephone calls are free of charge. Of note, one additional interviewee stated that WCF provides requisite information in the WCF Inmate Handbook, as well as, the aforementioned memorandum poster.

Fifteen of 23 random inmate interviewees state there are services available outside of the facility for dealing with sexual abuse, if needed. Fifteen interviewees also state

that they cannot name any of the outside services available to provide emotional support services. Other interviewees cited therapy, Highland River Mental Health, VAs, the Salvation Army, and counseling as potential services.

Twelve of 23 random inmate interviewees state the facility does provide mailing addresses and telephone numbers for such outside services pursuant to the WCF Inmate Handbook, poster(s), and asking staff. The auditor notes that only five interviewees state the facility does not provide mailing addresses and telephone numbers for the outside services. Fourteen of the 23 random inmate interviewees state that telephone numbers are free to call while six interviewees state they did not know whether such calls would be free of charge.

When questioned as to when they could talk to staff from the outside service(s), 14 of 23 interviewees state such contact can be made during telephone time and with staff assistance. Five interviewees state they do not know when such telephone calls can be made.

With the successful posting of the Satilla Advocacy Services telephone number and address, all inmates will have sufficient access to relevant information.

In view of the above, the auditor finds WCF substantially compliant with 115.53(a).

115.53(b)

Pursuant to the PAQ, the Warden self reports the facility informs inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored. According to the aforementioned poster, language reflects that telephone calls to Satilla are not monitored or recorded. The Warden further self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section F(5)(a and b) addresses 115.53(b).

The auditor's review of the CC tri-fold brochure entitled Prevent. Detect. Respond., section entitled Confidentiality, addresses 115.53(b). Each inmate receives a copy of the same at intake. The auditor notes that all inmates have the opportunity to be aware of 115.53(b) entitlements and requirements, as reflected above.

Twenty-one of 23 random inmate interviewees state that what they say to staff from these services remains private and 15 of 23 interviewees state that there are no exceptions to this privacy expectation. Five interviewees state there would be exceptions to the privacy expectation when criminal activity, security procedures at the facility, and when someone's life is at risk are discussed with staff from the outside services.

	<p>Three of the four inmates who reported sexual abuse incidents at WCF state they can talk or write with staff from the outside services in a confidential way. Two of these interviewees state there are no exceptions to this confidentiality expectation while the remaining two interviewees state they do not know whether there are any exceptions to the confidentiality expectation.</p> <p>Given the evidence provided to inmates at WCF during intake, it is clear that they have the capability to be educated regarding 115.53(b) requirements.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.53(b).</p> <p>115.53(c)</p> <p>Pursuant to the PAQ, the Warden self reports the facility maintains a Memorandum of Understanding (MOU) or other agreement with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains a copy of the agreement.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, section F(1 and 2) addresses 115.53(c).</p> <p>***Pursuant to interview with the Director of Satilla Advocacy Services, the auditor finds that very few telephone calls are received from inmates confined at WCF. When calls are received, some do not pertain to a sexual abuse matter but rather, other conditions of confinement issues.</p> <p>The auditor's review of an MOU between CC and Satilla Advocacy Services reveals the same does address provision of emotional support services related to post sexual abuse incidents. Accordingly, the auditor finds WCF compliant with 115.53(c).</p> <p>In view of the lack of findings as noted above, the auditor finds WCF substantially compliant with 115.53.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The Warden further self reports the same can be accomplished through submission of a letter to the facility or Facility Support Center (FSC), Ethics Line advertised on the CC</p>

	<p>and WCF public website, and telephone calls to staff/Warden/FSC.</p> <p>Pursuant to the auditor's review of the CC website, any inmate or third-party reporter of sexual abuse/sexual harassment may report anonymously to the Warden (via letter or telephone). The facility address, telephone number, and name of the Warden are clearly documented on the website. Reports can also be reported on-line to the CC Ethics Division.</p> <p>The Warden further self reports the agency or facility distributes information to inmates regarding methods to report inmate sexual abuse or sexual harassment.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 19, section 2(h) addresses 115.54(a). This policy stipulates CC employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CC 24-hour Ethics Line at 1-800-461-9330 or through www.CoreCivic.ethicspoint.com.</p> <p>The auditor's review of the CC website reveals option(s) for third-party reporting. Additionally, an Ethics Line poster is hung in both the front lobby and visiting room for public consumption regarding incident reporting. The poster is written in concise, understandable terms and the same is not obscured.</p> <p>On January 20, 2025 at 7:44AM, the auditor did test third-party reporting by contacting the PCM at 1-800-461-9330. This telephone number is listed on the facility website as the Ethics Line. The call was completed as the auditor spoke with an employee at Conversant and received explicit information as to the questions asked.</p> <p>The auditor received email verification that the test report was received at the CC Ethics & Compliance Division Office at 8:00AM on the same date. The auditor finds that the process is "user-friendly."</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.54(a). Accordingly, the auditor finds WCF substantially compliant with 115.54.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:</p> <p>Any knowledge, suspicion, or information they receive regarding an incident of sexual</p>

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;

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(2)(a) addresses 115.61(a). CC PCN 14-2(03) entitled Sexual Abuse Prevention and Response, page 2, section Change To: K(2)(a) further expounds upon CC Policy 14-2.

The auditor's review of 11 random alleged sexual abuse/harassment investigations that occurred during the last 12 months reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse or sexual harassment incident. Additionally, there is no evidence of staff failure to report:

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;

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All 12 random staff interviewees assert agency policy requires:

All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;

Retaliation against inmates or staff who reported such an incident; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Minimally, 10 interviewees state these issues must be reported immediately to their supervisor, Sgt., Lt., HSA, shift commander, investigator, UM, SART team, or the PCM while two additional interviewees state such reporting must be accomplished as soon as possible. All 12 interviewees were aware that such reports include supervisors and executive staff.

In view of the above, the auditor finds WCF substantially compliant with 115.61(a).

115.61(b)

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

staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18 and 19, section K(2)(e) addresses 115.61(b).

All 12 random staff interviewees assert agency policy requires:

All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;

Retaliation against inmates or staff who reported such an incident; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Minimally, 10 interviewees state these issues must be reported immediately to their supervisor, Sgt., Lt., HSA, shift commander, investigator, UM, SART team, or the PCM while two additional interviewees state such reporting must be accomplished as soon as possible. All 12 interviewees were aware that such reports include supervisors and executive staff.

In view of the above, the auditor finds WCF substantially compliant with 115.61(b).

115.61(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(f) addresses 115.61(c).

According to the medical (Med) and mental health (MH) interviewees, disclosure of confidentiality limitations and duty to report is provided to inmates prior to initiation of services. The Med interviewee states that informed consent is addressed with the inmate prior to administration of treatment and the same is documented in the notes. The same is also addressed with each inmate during the intake process and the inmate signs for confidentiality limitations and duty to report. The MH interviewee states that the same is provided every time he provides services however, the same is not documented. The auditor did recommend that the same be documented.

Reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The Med and MH interviewees report such incidents to the PCM or investigator or the highest ranking official onsite at the time of the report. The MH interviewee states he has become aware of one sexual abuse allegation incident during the last 12 months at WCF.

In view of the above, the auditor finds WCF substantially compliant with 115.61(c).

	<p>115.61(d)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section M(11)(f) addresses 115.61(d).</p> <p>The Warden asserts zero inmates under the age of 18 are housed at WCF. GDC and Adult Protective Services officials would be contacted with respect to sexual abuse of any vulnerable adult(s).</p> <p>According to the CCPC, state law dictates reporting requirements and as such, in most states, notification to law enforcement and the partner agency triggers notification to other affected agencies.</p> <p>Absent any evidence to the contrary, the auditor finds WCF substantially compliant with 115.61(d).</p> <p>115.61(e)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section M(11)(a-c) addresses 115.61(e).</p> <p>The Warden asserts that the shift commander alerts the PCM and the shift commander or PCM alert the ADO. The ADO subsequently makes the notification to the facility investigator.</p> <p>The auditor's review of the aforementioned investigations reveals that the investigator is immediately included in the loop whenever sexual abuse/harassment allegations are reported.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.61(e).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.61.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62(a)</p> <p>Pursuant to the PAQ, the Warden self reports when the agency or facility learns an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate</p>

	<p>action to protect the inmate (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, zero instances occurred wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section M(1) addresses 115.62(a).</p> <p>The Agency Head interviewee asserts immediate removal of the potential victim from the area is the initial response to a report of substantial risk of imminent sexual abuse. An investigation would dictate subsequent steps to address the victim's sexual safety. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances.</p> <p>The potential perpetrator would be placed in segregated housing status. The contractual requirements of the partner will dictate the ability to transfer the potential perpetrator. Minimally, we would work with on-site contract monitor(s) to make the best decision under the circumstances.</p> <p>The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. SART assesses the threat level and the matter is simultaneously investigated. The potential victim may be placed in another housing area within the facility or he could work with the respective customer jurisdiction to relocate the potential victim if circumstances dictated the same. If movement of the perpetrator is warranted, coordination with the customer, based on the contract, would be an option.</p> <p>All 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he is in imminent danger of sexual abuse.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.62.</p>
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115.63 Reporting to other confinement facilities	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the last 12 months, one allegation of sexual abuse was received at WCF where an inmate was sexually abused while</p>

confined at another facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 24, section 17(a)(i) addresses 115.63(a).

The auditor's review of the one documented incident of alleged sexual abuse originating at another facility reveals that the WCF Warden did contact the Warden at the facility at which the alleged incident occurred. Evidence reflects that the inmate's written notification was dated March 28, 2024 and the Warden's written email notification was accomplished on April 1, 2024. Based on the Warden's email notification to the Warden at the state facility, it appears that the WCF Warden had made telephonic contact prior to forwarding the inmate victim's written report on April 1, 2024.

The auditor's review of sexual abuse/harassment screening forms uploaded into OAS reveals that one additional inmate received during the last 12 months reported sexual abuse at a previous facility. The auditor has not been provided any evidence substantiating 115.63(a-c) compliance with respect to this inmate. Specifically, timely letters from the WCF Warden to the Warden, Superintendent, or CEO of the facility at which the alleged incident occurred have not been provided. Accordingly, the auditor finds WCF non-compliant with 115.63(a-c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is May 13, 2025.

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate reporter states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known. The PCM will develop a protocol as to how the information is funneled to her and who is responsible for preparation of the letter from the Warden to the Warden/Director, etc. at the facility wherein the alleged sexual abuse allegedly occurred.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training. The PCM will ensure that all future such written notifications are signed, dated, and mailed by the Warden within 72 hours of notification by the inmate.

Between the date of this interim PREA report and May 13, 2025, the PCM will upload any 115.63(a) allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization.

In view of the above, the auditor finds WCF non-compliant with 115.63(a).

March 30, 2025 Update:

The auditor's review of an uploaded training curriculum reveals that the 115.63(a), (b), and (c) requirements are addressed with some guidance written into the lesson plan regarding compliance with the standard provisions. Nine department heads, inclusive of three unit managers and the PCM, completed the training.

June 6, 2025 Update:

The auditor's review of a sexual abuse/harassment allegation from an inmate regarding an incident at another facility reveals substantial compliance with 115.63(a). The incident was reported to WCF staff on March 11, 2025 and the WCF Warden reported the same to the Warden at the facility at which the incident occurred on March 12, 2025. The notification to the receiving facility was submitted via email with the victim's statement attached.

In view of the above, the auditor now finds WCF substantially compliant with 115.63(a).

115.63(b)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 24, section 17(a)(i) addresses 115.63(b).

The auditor's review of the one documented incident of alleged sexual abuse reveals that the WCF Warden did contact the Warden at the facility at which the alleged incident occurred. Evidence reflects that the inmate's written notification was dated March 28, 2024, 2024 and the Warden's written email notification was accomplished on April 1, 2024. Based on the Warden's email notification to the Warden at the state facility, it appears that the WCF Warden had made telephonic contact prior to forwarding the inmate victim's written report on April 1, 2024.

The auditor's review of sexual abuse/harassment screening forms uploaded into OAS reveals that one additional inmate received during the last 12 months reported sexual abuse at a previous facility. The auditor has not been provided any evidence substantiating 115.63(a-c) compliance with respect to this inmate. Specifically, timely letters from the WCF Warden to the Warden, Superintendent, or CEO of the facility at which the alleged incident occurred have not been provided. Accordingly, the auditor finds WCF non-compliant with 115.63(a-c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and

institutionalization of 115.63 requirements. The corrective action due date is May 13, 2025.

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate reporter states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known.

The PCM will develop a protocol as to how the information is funneled to her and who is responsible for preparation of the letter from the Warden to the Warden/Director, etc. at the facility wherein the alleged sexual abuse occurred.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training. The PCM will ensure that all future such written notifications are signed, dated, and mailed by the Warden within 72 hours of notification by the inmate.

Between the date of the interim PREA report and May 13, 2025, the PCM will upload any 115.63 allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization.

In view of the above, the auditor finds WCF non-compliant with 115.63(b).

March 30, 2025 Update:

The auditor's review of an uploaded training curriculum reveals that the 115.63(a), (b), and (c) requirements are addressed with some guidance written into the lesson plan regarding compliance with the standard provisions. Nine department heads, inclusive of three unit managers and the PCM, completed the training.

June 6, 2025 Update:

The auditor's review of a sexual abuse/harassment allegation from an inmate regarding an incident at another facility reveals substantial compliance with 115.63(a). The incident was reported to WCF staff on March 11, 2025 and the WCF Warden reported the same to the Warden at the facility at which the incident occurred on March 12, 2025. The notification to the receiving facility was submitted via email with the victim's statement attached.

In view of the above, the auditor now finds WCF substantially compliant with 115.63(b).

115.63(c)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section 17(a)(iii) addresses 115.63(c).

The auditor's review of the one documented incident of alleged sexual abuse reveals that the WCF Warden did contact the Warden at the facility at which the alleged incident occurred. Evidence reflects that the inmate's written notification was dated March 28, 2024, 2024 and the Warden's written email notification was accomplished on April 1, 2024. Based on the Warden's email notification to the Warden at the state facility, it appears that the WCF Warden had made telephonic contact prior to forwarding the inmate victim's written report on April 1, 2024.

The auditor's review of sexual abuse/harassment screening forms uploaded into OAS reveals that one additional inmate received during the last 12 months reported sexual abuse at a previous facility. The auditor has not been provided any evidence substantiating 115.63(a-c) compliance with respect to this inmate. Specifically, timely letters from the WCF Warden to the Warden, Superintendent, or CEO of the facility at which the alleged incident occurred have not been provided. Accordingly, the auditor finds WCF non-compliant with 115.63(a-c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is May 13, 2025.

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate reporter states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known. The PCM will develop a protocol as to how the information is funneled to her and who is responsible for preparation of the letter from the Warden to the Warden/Director, etc. at the facility wherein the alleged sexual abuse occurred.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training. The PCM will ensure that all future such written notifications are signed, dated, and mailed by the Warden within 72 hours of notification by the inmate.

Between the date of the interim PREA report and May 13, 2025, the PCM will upload any 115.63 allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will

subsequently review the same and make a determination regarding compliance and institutionalization.

In view of the above, the auditor finds WCF non-compliant with 115.63(c).

March 30, 2025 Update:

The auditor's review of an uploaded training curriculum reveals that the 115.63(a), (b), and (c) requirements are addressed with some guidance written into the lesson plan regarding compliance with the standard provisions. Nine department heads, inclusive of three unit managers and the PCM, completed the training.

June 6, 2025 Update:

The auditor's review of a sexual abuse/harassment allegation from an inmate regarding an incident at another facility reveals substantial compliance with 115.63(a). The incident was reported to WCF staff on March 11, 2025 and the WCF Warden reported the same to the Warden at the facility at which the incident occurred on March 12, 2025. The notification to the receiving facility was submitted via email with the victim's statement attached.

In view of the above, the auditor now finds WCF substantially compliant with 115.63(c).

115.63(d)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section 17(b)(i-iii) addresses 115.63(d).

The Agency Head interviewee asserts that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call or notification letter. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden for appropriate action. The report is then added into the incident reporting system and PREA protocols are initiated.

The Warden asserts a full investigation is initiated by the facility investigator in such scenarios. The Warden further asserts that as far as he is aware, zero such reports

	<p>were received at WCF during the last 12 months.</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.63(d).</p> <p>In view of the completed corrective action articulated above regarding 115.63(a-c) requirements, the auditor now finds WCF substantially compliant with 115.63.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64(a)</p> <p>Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report:</p> <p>Separates the alleged victim and abuser;</p> <p>Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence;</p> <p>If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</p> <p>If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report will 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.</p> <p>The Warden further self reports that in the last 12 months, one allegation of inmate sexual abuse has been reported wherein the majority of first responder steps were employed. With respect to this allegation of sexual abuse reported during the last 12 months, the first security staff member to respond to the report secured the crime scene, requested that the victim not destroy physical evidence, and ensured that the perpetrator did not destroy physical evidence.</p> <p>The auditor's review of nine random sexual abuse investigations completed during the last 12 months reveals no conflict with the first responder duties as articulated.</p>

The same is validated pursuant to review of ancillary documentation such as the Sexual Abuse Check Sheet and Sexual Abuse Incident Report (SAIR) in some cases.

Of note, the Sexual Abuse Check Sheet captures various events and elements associated with the sexual abuse resolution protocol, inclusive of the completion of 115.64(a) action steps. Completion dates and times are noted on the form.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, sections M(2)(a-d), (5), and (6) address 115.64(a).

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Seven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

One inmate who reported a sexual abuse incident at WCF interviewee states that he was not interviewed regarding his sexual abuse allegation until one month following his report of the same. The auditor's review of the relevant investigation reveals the the victim was interviewed within a few weeks of the actual incident while other leads were reviewed. He was placed in RHU for refusing to obey an order.

With respect to the other three interviewees, none articulated any abnormalities in terms of the investigative process. All victims were interviewed by the investigator.

In view of the above, the auditor finds WCF substantially compliant with 115.64(a).

115.64(b)

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the first responder shall be required to:

Request the alleged victim not take any actions that could destroy physical evidence;
and

Notify security staff.

The Warden further self reports that, of the allegations made that an inmate was sexually abused within the last 12 months, zero non-security staff members were the first responders.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section M(3) addresses 115.64(b).

Of note, all WCF staff receive the same 1st responder training and accordingly, all

	<p>staff are trained as security staff 1st responders.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.64(b).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.64.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18-27, sections L through S addresses 115.65(a).</p> <p>The auditor's review of the WCF PREA Coordinated Response Plan, as scripted in the above policy and unique to WCF, reveals a detailed and understandable document available to all staff. Additionally, the auditor's review of the accompanying Sexual Abuse Incident Check Sheet reveals a chronological aid the designated stakeholder completes to memorialize events and actions that were taken in response to the allegation(s)/incident(s).</p> <p>The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts CC Policy 14-2 captures specific coordinated response procedures unique to WCF. The SART team and its functions are clearly articulated in this document.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.65</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.66(a)</p> <p>Pursuant to the PAQ, the Warden self reports 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.</p> <p>The Agency Head interviewee asserts that CC, as an agency, has entered into and/or renewed collective bargaining agreements since August 20, 2012. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or disciplinary action.</p> <p>As the auditor finds no deviation from standard, he finds WCF substantially compliant with 115.66.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.67(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. It appears that the mental health coordinator (MH Coord.) monitors inmate victims or potential victims of sexual abuse, retaliation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section M(16)(b)(ii) addresses 115.67(a).</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.67(a).</p> <p>115.67(b)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section M(16)(b)(ii) addresses 115.67(b).</p> <p>According to the Agency Head interviewee, for both inmates and staff who have reported allegations of sexual abuse, monitoring is provided for a 30/60/90 day period (longer, if needed) to protect against retaliation by inmates or staff. These reviews are documented on a policy attachment. The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job</p>

assignments with inmates and shift changes, etc. for staff. These reviews occur for victims of sexual abuse.

Policies and practices prohibit retaliation for any reason and this premise is included in staff training. Any violations are acted upon accordingly.

The retaliation monitoring interviewee states that he offers increased mental health services to sexual abuse victims, as well as, those inmates and staff who may be subject to retaliation from inmates and staff who reported sexual abuse of an inmate or cooperated in an investigation of sexual abuse. He closely monitors staff and inmate actions to determine the likelihood of retaliation.

The retaliation monitor interviewee states that he ensures the perpetrator, if known, is housed in RHU. If prudent, he facilitates movement of the victim to another housing situation. He informs stakeholders (e.g. the COS and/or shift commander) of any security issues or sexual safety concerns he observes.

As soon as any SART member notifies him of sexual abuse victimization or any retaliation needs associated with a report of inmate sexual abuse, he reaches out to the victim(s) of the same. He recommends that staff are offered emotional support via the Employee Assistance Program (EAP), if appropriate. Dependent upon the circumstances in terms of sexual and physical safety, he may request transfer of the victim. The PCM or medical staff generally alert him to incidents and the need to commence retaliation monitoring.

With respect to staff, shift/assignment changes, as well as, transfer to another CC facility may be acceptable strategies to circumvent retaliation and he may recommend the same. The auditor notes that the Warden concurs with the above strategies and he did not wish to add any additional information.

Retaliation monitoring meetings are facilitated for at least for 90 days. The interviewee was aware of documentation requirements on the 14-2D form.

As previously mentioned in the narrative for 115.43, zero inmates were housed in segregated housing during the onsite visit for risk of sexual victimization or who allege to have suffered sexual abuse. Three of the four inmate interviewees who reported a sexual abuse incident at WCF state that they feel safe and free from retaliation following their report of a sexual abuse incident. One interviewee states that he does not feel safe and free from retaliation following his report although there is no indication of any incident-related retaliation recorded on the 14-2D associated with his case.

All four interviewees state that protective measures were implemented to separate them from the perpetrators, inclusive of, in one case, self imposed placement in the RHU. In another case, the victim was placed in another housing unit while the alleged perpetrator was placed in RHU. This information is reflected in the investigative packets uploaded into OAS.

In view of the above, the auditor finds WCF substantially compliant with 115.67(b).

115.67(c)

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary. As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23 and 24, section M(16)(b)(i, ii, iv, v, vi, and vii) addresses 115.67(c).

Pursuant to the auditor's onsite review of nine random sexual abuse investigations facilitated during the last 12 months, he finds the following:

One sexual abuse investigation was determined to be substantiated;

Two sexual abuse investigations were determined to be unfounded; and

Six sexual abuse investigations were determined to be unsubstantiated.

With respect to the seven applicable random sexual abuse investigations reviewed, evidence reflects 90 days of retaliation monitoring (reflected on the 14-2D forms) in three cases. In view of the above, the auditor finds WCF non-compliant with 115.67(c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.67(c). The corrective action due date is May 13, 2025.

To demonstrate compliance with and institutionalization of 115.67(c) requirements, the PCM will provide training to all stakeholders (e.g. SART members, MH Coordinator, AWs, and Warden) regarding the nuances of the standard, policy requirements, step-by-step implementation strategies, and documentation of periodic status checks. If any new procedures are necessary, the PCM will include the same in the training. The PCM will upload a copy into OAS of the lesson plan and evidence of training completion by required stakeholders. If any policy changes or implementation memorandums are required, a copy of the same will likewise be uploaded into OAS.

Additionally, between the date of this interim report and May 13, 2025, the PCM will upload a copy of the sexual abuse investigation roster, each completed sexual abuse investigation, and each completed applicable 14-2D form. The auditor will then render a finding regarding compliance.

In regard to inmate victims of retaliation, changes in behavior, changes in associations, mood affect, hygiene decompensation, abnormal loss/gain of weight, continual programming changes, avoidance, abnormal reaching out to UMs and other staff for information, frequent room change requests, and frequent program change

requests are some key indicators of retaliation. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

The interviewee also asserts retaliation monitoring is facilitated for a minimum of 90 days with check-ins. Retaliation monitoring may continue until the inmate departs the facility, if necessary.

In view of the above, the auditor finds WCF non-compliant with 115.67(c).

March 30, 2025 Update:

The auditor's review of an uploaded training curriculum reveals that nine department heads, inclusive of three unit managers and the PCM completed such training. The training addressed documentation of findings for a minimum of 90 days, as well as, documentation of periodic status checks.

May 9, 2025 Update:

The auditor's review of two Training/Activity Attendance Rosters dated February 20, 2025 and March 3, 2025 reveals that 22 administrative duty officers, security supervisors, and administrative staff completed training regarding the nuances of 115.67(c). Additionally, the auditor's review of the syllabus regarding 115.67(c) requirements reveals the same is substantially compliant with 115.67(c).

Accordingly, the auditor is satisfied that WCF is substantially compliant with 115.67(c) training corrective action.

In addition to the above, the auditor's review of PREA Monitoring Retaliation Reports (14-2D) regarding two different inmates who reported sexual abuse incidents since January, 2025 reveals entries every 30 days for a 90 day period in each situation.

Accordingly, the auditor now finds WCF substantially compliant with 115.67(c).

115.67(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section M(16)(b)(ii and iv) addresses 115.67(d).

As previously mentioned, the PCM will address periodic status checks during corrective action training. Accordingly, the auditor finds WCF non-compliant with 115.67(d) and he imposes a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.67(d). The corrective action due date is May 13, 2025.

To demonstrate compliance with and institutionalization of 115.67(d) requirements, the PCM will provide training to all stakeholders (e.g. SART members, MH Coordinator,

AWs, and Warden) regarding the nuances of the standard, policy requirements, step-by-step implementation strategies, and documentation of periodic status checks. If any new procedures are necessary, the PCM will include the same in the training. The PCM will upload a copy into OAS of the lesson plan and evidence of completion by required stakeholders. If any policy changes or implementation memorandums are required, a copy of the same will likewise be uploaded into OAS.

Additionally, between the date of this interim report and May 13, 2025, the PCM will upload a copy of the sexual abuse investigation roster, each completed sexual abuse investigation, and each completed applicable 14-2D form. The auditor will then render a finding regarding compliance.

In view of the above, the auditor finds WCF non-compliant with 115.67(d).

May 9, 2025 Update:

The auditor's review of two Training/Activity Attendance Rosters dated February 20, 2025 and March 3, 2025 reveals that 22 administrative duty officers, security supervisors, and administrative staff completed training regarding the nuances of 115.67(d). Additionally, the auditor's review of the syllabus regarding 115.67(d) requirements reveals the same is substantially compliant with 115.67(d).

Accordingly, the auditor is satisfied that WCF is substantially compliant with 115.67(d) training corrective action.

In addition to the above, the auditor's review of PREA Monitoring Retaliation Reports (14-2D) regarding two different inmates who reported sexual abuse incidents since January, 2025 reveals entries every 30 days for a 90 day period in each situation.

The auditor notes that zero periodic check entries are present on the 14-2Ds.

However, the auditor now finds WCF substantially compliant with 115.67(d).

115.67(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section M(16)(b)(x) addresses 115.67(e).

When a staff or inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he or she receives the same benefits and treatment as articulated in the narratives for 115.67(b), (c), and (d) above. A separate investigation regarding the alleged retaliation is initiated and completed.

The auditor has found no evidence reflecting that another staff member or inmate, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring within the last 12 months.

In view of the above, the auditor finds WCF substantially compliant with 115.67(e).

	Accordingly, in view of the completed corrective action articulated in the narratives for 115.67(c) and (d) and the evidence cited throughout the 115.67 narrative, the auditor now finds WCF substantially compliant with 115.67.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates alleged to have suffered sexual abuse, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntarily 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.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(8) addresses 115.68(a).</p> <p>The Warden asserts that agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined there are no alternative means of separation from potential abusers. Generally, such temporary placements [following an initial finding regarding alternative placement(s)] would be limited to up to 24 hours. The Warden further asserts an inmate may request protective custody placement in segregated housing.</p> <p>The staff who supervises inmates in segregated housing interviewee states that inmates would only be placed in RHU pending investigation for other matters or at their request. If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:</p> <p>Programs (religious services visits, education department visits, librarian exchanges books, and recreation- each inmate receives five hours per week);</p> <p>Privileges (telephone and commissary are available to inmates);</p>

	<p>Education (see programs); and</p> <p>Work opportunities (none as orderlies are selected from the general population).</p> <p>If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR). The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the CAR. The auditor did observe the CAR process during the facility tour.</p> <p>The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody.</p> <p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>During the onsite visit and facility tour, zero inmates were housed in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse).</p> <p>The auditor finds that the 115.68(a) process is in place should the need arise and accordingly, WCF is substantially compliant with 115.68.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.71(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal investigations are facilitated by the GDOC Office of Professional Standards (GDOCOPS) or Georgia Department of Investigations investigators. Administrative Investigations are conducted by specialty trained facility investigator(s).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 25 and 26, section N(2) and (4) addresses 115.71(a).</p> <p>The administrative investigative staff interviewee asserts if he is on site and</p>

GDOCOPS investigator(s) have authorized commencement of the administrative investigation, the same commences immediately. If a report of sexual abuse is received during non-regular business hours, he reports to the facility. In the event of a sexual harassment case, the shift commander assumes initial investigative and notification duties and the interviewee provides guidance regarding first responder duties. However, he may report to the facility contingent upon the circumstances.

The criminal investigative interviewee states that as soon as GDOCOPS is notified of the sexual abuse investigation, a special agent would be assigned to the case. Dependent upon the circumstances, the investigation would commence immediately. For example, if the incident had occurred within hours prior to institutional notification, he would report to the facility to commence the investigation.

The administrative investigative interviewee and the criminal investigative interviewee state there are no differences in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report. Every allegation is treated as a serious allegation.

The auditor's review of 11 sexual abuse/harassment investigations reveals substantial compliance with 115.71.

In view of the above, the auditor finds WCF substantially compliant with 115.71(a).

115.71(b)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section N(5) addresses 115.71(b) with respect to the conduct of administrative investigations.

The administrative investigative staff interviewee states he has completed training specific to investigating sexual abuse in confinement settings. Specifically, he has completed both the six hour web based Moss Group training course regarding investigation of sexual abuse incidents in a confinement setting, GDC investigator training, inclusive of PREA investigations, and sexual abuse/harassment investigative training during the CC Investigator's training. The auditor's review of the lesson plan for the course(s) reveals discussions regarding:

The techniques for interviewing sexual abuse victims;

Implementation of Miranda and Garrity rights;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

The criminal investigative interviewee states he has likewise completed specialty training regarding investigation of sexual abuse incidents. Specifically, he completed a one day in person training as part of the Special Agent Academy and some specialty training as part of his job responsibilities. Parts of the class were facilitated

by GDC PREA staff.

In view of the above, the auditor finds WCF substantially compliant with 115.71(b).

115.71(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(6)(a) addresses 115.71(c) in terms of gathering and preservation of evidence. GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 31, section G(8)(b) also addresses 115.71(c).

The administrative investigative staff interviewee states that his investigative protocol includes the following:

Ensure first responder duties are completed (10 minutes);

Check the crime scene, ensuring the same is secure (15 minutes);

Threshold interview with victim and staff and inmate witnesses (10 minutes/victim and witness);

Preliminary report to ADO, PCM, and Warden (10 minutes);

Contact GDOC staff regarding the incident and facts known at the time, requesting any direction they may have (five minutes);

Reassess crime scene (15 minutes);

Video review to identify additional witnesses and establish some of the fact pattern (15 minutes);

Follow-up with victim (15 minutes);

In-depth interview with witnesses (15-30 minutes per witness);

Review files (15-20 minutes);

Review telephone monitoring (15 minutes);

Conduct re-interviews, if necessary (15 minutes per victim/witness);

Interview perpetrator (30 minutes to one hour); and

Write report (two hours to 6-7 days).

The administrative investigative interviewee states he is responsible for review and processing of video, telephone monitoring, logs, statements, reports, interview notes, and any linking facility documentation.

The criminal investigative interviewee states that the following chronology occurs with respect to the criminal investigation:

Subsequent to facility notification to GDC regarding the alleged sexual abuse incident, an on-call special agent (SA) is assigned;

Within two to two and one-half hours, the SA responds to the facility to commence the investigation;

Upon arrival at the facility, first responder duties and crime scene are checked;

A case agent (CA) may collect physical evidence;

Threshold interview of victim to identify potential witnesses and develop an investigation plan;

Review video and staff and inmate files, as well as, any staff/inmate reports;

Any telephone monitoring is identified by the Criminal Intelligence Unit (CIU);

Listen to and analyze any recordings;

Interview witnesses;

Interview the perpetrator;

Facilitate re-interviews, if necessary;

Write the report.

The criminal investigative interviewee states that he or the CA is responsible for the collection of clothing, bedding, mail, weapons, tooth brush, etc., as well as, any sworn statements.

In view of the above, the auditor finds WCF substantially compliant with 115.71(c).

115.71(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(6)(b) addresses 115.71(d) with respect to the use of compelled interviews.

According to the administrative and criminal investigative staff interviewees, GDOCOPS or Georgia Department of Investigations investigators handle all prosecution liaison and compelled interviews. The criminal investigative interviewee states he generally does not facilitate compelled interviews.

In view of the above, the auditor finds WCF substantially compliant with 115.71(d).

115.71(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(6)(c) addresses 115.71(e) with respect to victim and witness credibility and the use

of polygraph examinations or other truth telling devices. GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 31, section G(8)(c) addresses 115.71(e).

***Both the administrative and criminal investigative staff interviewees state they assess credibility of an alleged victim, suspect, or witness by the consistency in their narrative vs. the evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the victim more believable than not? Witnesses, victim, and perpetrators are considered believable until evidence dictates otherwise.

Both the administrative and criminal investigative staff interviewees further state they would not require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

None of the four inmates who reported a sexual abuse at WCF interviewees state they were required to submit to a polygraph examination or truth-telling device(s) as a condition for proceeding with an investigation.

In view of the above, the auditor finds WCF substantially compliant with 115.71(e).

115.71(f)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section N(6) addresses 115.71(f).

The administrative investigative staff interviewee states he checks the fact pattern, timeline, and evidence against the Code of Conduct and policy to determine if any Code of Ethics issues are existent. In regard to report preparation, the administrative investigative staff interviewee states he does document administrative investigations in written reports. The following topics are included in the report:

Synopsis of allegation(s), time line, chronological investigative steps;

List of interviewees;

Interview synopsis and findings;

Documentation reviews:

Video reviews;

Victim and perpetrator, witness information; and

Conclusion.

The auditor notes that during the facility tour and interviews, he observed locked file cabinets in the administrative investigative staff interviewee's locked office wherein

all hard copy investigations are housed. Electronic copies are retained on a server wherein only those staff with privileges can access documents. The auditor found no concerns.

The auditor's review of the aforementioned 11 administrative investigations validates compliance with 115.71(f).

115.71(g)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(6)(f) addresses 115.71(g) with respect to the contents of the criminal report. It is noted criminal investigations are facilitated by GDOCOPS or Georgia Department of Investigations investigators.

According to the administrative investigative interviewee, criminal investigations are documented however, as he does not generally receive a copy of the same, he is unaware of the format or contents.

The criminal investigative interviewee states that he uses the initial incident report from which to develop the criminal report. He writes the narrative regarding every component of the investigation and enters the same into the system. The system automatically populates all information and collates the same into a system generated report format. The information entered into the system is similar to the information used in the administrative report with the addition of a credibility assessment regarding physical evidence.

In view of the above, the auditor finds WCF substantially compliant with 115.71(g).

115.71(h)

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by GDOC OPS or Georgia Department of Investigations investigators. The Warden further self reports two substantiated allegations of conduct that appeared to be criminal were referred for criminal investigation during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(6)(e) addresses 115.71(h) with respect to referral of investigation(s) for criminal prosecution. GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 32, section G(10) addresses 115.71(h).

The administrative investigative interviewee states he does not refer cases for prosecution as the same falls under the purview of GDOCOPS or Georgia Department of Investigations investigators. The criminal investigative interviewee validates the statement of the administrative interviewee. Referrals for prosecution generally occur when a criminal code violation is identifiable and the evidentiary standard

meets probable cause. He refers all facility sexual abuse cases to the District Attorney for review and decision regarding prosecution.

In view of the above, the auditor finds WCF substantially compliant with 115.71(h).

115.71(i)

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(6)(g) addresses 115.71(g) with respect to retention of investigatory records. GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 32, section G(13) addresses 115.71(i).

Throughout the on-site visit, the auditor found no evidence of deviation from 115.71(i). Storage and retention of sexual abuse/harassment investigations is addressed throughout the aforementioned narratives.

In view of the above, the auditor finds WCF substantially compliant with 115.71(i).

115.71(j)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(6)(d) addresses 115.71(j). GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 32, section G(14) addresses 115.71(j).

Both the administrative and criminal investigative interviewees state that when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when an inmate victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. The auditor has not discovered any evidence contrary to the meaning and intent of 115.71(j).

In view of the above, the auditor finds WCF substantially compliant with 115.71(j).

115.71(l)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(5) addresses 115.71(l). GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, pages 32 and 33, sections G(15) and G(16) also

	<p>addresses 115.71(l).</p> <p>The Warden asserts that the administrative investigator remain(s) in routine contact with GDOCOPS or Georgia Department of Investigations investigator(s) to obtain case updates. Such communication is accomplished by email and telephone calls with telephone calls reduced to writing in emails. The WCF PCM was unaware who maintains follow-up with the outside investigative agency.</p> <p>The CCPC relates that, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. However, generally, designated facility staff follow-up with the outside agency on a schedule determined at the local level.</p> <p>The administrative investigative staff interviewee states GDOCOPS or Georgia Department of Investigations investigator(s) facilitate(s) criminal investigation(s) and he provides support as a liaison/facilitator and assists with investigative organization, interviews, information collection, etc.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.71(l).</p> <p>Accordingly, based on the totality of the above, the auditor finds WCF substantially compliant with 115.71.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section N(8) addresses 115.72.</p> <p>The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can be described as more evidence is present that the incident occurred than not. The criminal investigative interviewee states that probable cause is the standard of proof necessary for referral for prosecution.</p> <p>The auditor's on-site review of 11 sexual abuse/harassment investigations reveals substantial compliance with 115.72(a).</p>

	In view of the above, the auditor finds WCF substantially compliant with 115.72.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.73(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports 20 criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and 20 alleged inmate victims were notified in writing upon completion of the sexual abuse investigation regarding 115.73(a) findings. The auditor's onsite review of five of nine sexual abuse investigations completed during the last 12 months reveals that the standard for sexual abuse was met in each case.</p> <p>The breakdown of the auditor's review of nine sexual abuse investigations conducted during the last 12 months is as follows:</p> <p>The victim was transferred to another facility prior to conclusion of the investigation with respect to one investigation (the inmate was transferred to a facility under the agency's umbrella and therefore, a notification should have been forwarded to the victim at the new facility);</p> <p>One notification should have been provided to the victim pursuant to 115.73(a), despite the fact that the investigation was determined to be unfounded;</p> <p>Two 115.73(a) notifications were not provided to the victim.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section R(1) addresses 115.73(a). GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, Page 33, section G(17) addresses 115.73(a).</p> <p>The Warden asserts the WCF PCM notifies an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A written Notification Form is completed and issued to the affected inmate.</p> <p>The administrative investigative staff interviewee states that agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He further states that the PCM makes such written notification(s).</p>

Two inmates who reported a sexual abuse incident at WCF interviewees state that they received written notification regarding the status of their sexual abuse report while two additional interviewees state they did not know whether they received such notification. Of note, two of these interviewees were the subject victims in two of the nine sexual abuse investigations reviewed by the auditor. Evidence clearly reflects that one victim received requisite written notice while the other did not receive such notification.

In view of the above, the auditor finds that WCF is substantially compliant with 115.73(a).

115.73(b)

Pursuant to the PAQ, the Warden self reports 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. The Warden further self reports two alleged inmate sexual abuse investigations, during the last 12 months, are being completed by an outside agency.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section R(1) addresses 115.73(b). GDOC Policy 208.06 entitled PREA Sexually Abusive Behavior Prevention and Intervention Program, page 33, section G(17) addresses 115.73(b).

Pursuant to the auditor's review of the aforementioned investigations, it is readily apparent that the WCF administrative investigator maintains close contact with GDOC Special Operations investigators throughout the investigative process. Within the relevant investigative materials, there is evidence of referral for criminal investigation.

In view of the above, the auditor finds WCF substantially compliant with 115.73(b).

115.73(c)

Pursuant to the PAQ, following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the inmate's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor's review of one report of sexual abuse perpetrated by a staff member against an inmate at WCF during the last 12 months was determined to be substantiated. While the allegation was criminally investigated, the perpetrator was arrested and the victim was subsequently transferred to another facility on December 20, 2023.

The auditor has not been provided any evidence regarding 115.73(c) notification in this matter. Accordingly, the auditor finds WCF non-compliant with 115.73(c) and imposes a 180-day corrective action wherein the PCM will demonstrate compliance with and institutionalization of 115.73(c) requirements. The due date for completion of corrective action is May 13, 2025.

To demonstrate compliance with and institutionalization of 115.73(c), the PCM will review the standard and policy language in detail. She will upload a training plan and evidence of her completion of the training. The auditor recommends that the CCPC facilitate such training.

In addition to the above, the PCM will upload any substantiated staff-on-inmate sexual abuse investigations completed between the date of this interim report and May 13, 2025, as well as, the corresponding written 115.73(c) notification.

In one of the two remaining staff-on-inmate sexual abuse allegations, the inmate victim admitted that neither he nor anybody else was subjected to the alleged reported abuse. Three of the four inmates who reported a sexual abuse incident at WCF interviewees state they were not notified of 115.73(c) information as none of the interviewees were alleged to have incurred sexual abuse at the hands of staff.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28 and 29, section R(2) addresses 115.73(c).

In view of the above finding, the auditor finds WCF non-compliant with 115.73(c).

March 30, 2025 Update:

The auditor's review of an uploaded training curriculum reveals that the 115.73(c) requirements are addressed with some guidance written into the lesson plan regarding compliance with the standard provision. Nine department heads, inclusive of three unit managers and the PCM, completed the training.

June 7, 2025 Update:

The auditor's review of four sexual abuse investigations completed since the date of the interim audit report reveals that none of the reports pertained to staff-on-inmate sexual abuse. Rather, the investigations centered on inmate-on-inmate sexual abuse allegations, three determined to be unsubstantiated and one determined to be unfounded. Accordingly, corrective action evidence is not available for 115.73(c).

In view of the above, the auditor now finds WCF substantially compliant with 115.73(c).

115.73(d)

Pursuant to the PAQ, the Warden self reports following an inmate's allegation that he or she has been sexually abused by another inmate at WCF, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section R(3) addresses 115.73(d).

With respect to the six inmate-on-inmate sexual abuse allegations, none of the same were determined to be substantiated. The auditor notes that the facility investigator clearly exhausted investigative tools to compile his findings, inclusive of Milestone video surveillance review, interviews with identified victim(s)/perpetrator(s)/ and witness(es), review of logs, statements, etc.

Given the fact that none of these investigations were found to be administratively substantiated and there is not evidence of criminal substantiation, none of the perpetrators were indicted or convicted. Accordingly, notification of the same is not applicable to WCF.

In view of the above, the auditor finds WCF substantially compliant with 115.73(d).

June 7, 2025 Update:

The auditor's review of four sexual abuse investigations completed since the date of the interim audit report reveals that none of the reports pertained to staff-on-inmate sexual abuse. Rather, the investigations centered on inmate-on-inmate sexual abuse allegations, three determined to be unsubstantiated and one determined to be unfounded. Accordingly, corrective action evidence is not available for 115.73(c).

115.73(e)

Pursuant to the PAQ, the Warden self reports that all notifications to inmates described in this standard are documented. The Warden further self reports that zero documented notices were provided to victims of sexual abuse as described in 115.73(a-d). However, the auditor finds that five of nine written notifications were

	<p>completed.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section R(4) addresses 115.73(e).</p> <p>Given the findings articulated in the narrative for 115.73(a) and throughout this standard narrative, the auditor finds WCF substantially compliant with 115.73(e).</p> <p>Given the circumstances articulated with respect to 115.73(c), the auditor now finds WCF substantially compliant with 115.73.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76(a)</p> <p>Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(a) addresses 115.76(a).</p> <p>The auditor's review of eight (four completed in 2023, two of which are Pre-Service and two In-Service certifications, and four completed in 2024, two of which are Pre-Service and two In-Service certifications) CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms, signed and dated by staff, reveals substantial compliance with 115.76(a). This document addresses understanding of training presented regarding sexual abuse/harassment and reporting options. The document is signed and dated during initial orientation training and annual inservice refresher training.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.76(a).</p> <p>115.76(b)</p> <p>Pursuant to the PAQ, the Warden self reports two facility staff members violated agency sexual abuse or sexual harassment policies during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(b) addresses 115.76(b).</p>

One staff-on-inmate sexual abuse incident occurred during the last 12 months and the same was referred to GDOCOPS investigators for criminal investigation. The perpetrator's CC employment was terminated as the result of the sexually abusive behavior. The auditor's review of the administrative investigation in this matter and ancillary documentation reveals substantial compliance with 115.76(b).

Additionally, one staff-on-inmate sexual harassment incident culminated in termination of the perpetrator's CC employment. The auditor's review of the administrative investigation in this matter and ancillary documentation also reveals substantial compliance with 115.76(b).

In view of the above, the auditor finds WCF substantially compliant with 115.76(b).

115.76(c)

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Reportedly, during the last 12 months, zero facility staff were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(c) addresses 115.76(c).

In view of the above, the auditor finds WCF substantially compliant with 115.76(c).

115.76(d)

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, one staff member from the facility was reported to criminal investigators or licensing agencies following the administrative investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(d) addresses 115.76(d).

One staff-on-inmate sexual abuse incident occurred during the last 12 months and the same was referred to GDOCOPS investigators for criminal investigation. The perpetrator's CC employment was terminated as the result of the sexually abusive behavior. The auditor's review of the administrative investigation in this matter and

	<p>ancillary documentation reveals substantial compliance with 115.76(d).</p> <p>Based on the above, the auditor finds WCF substantially compliant with 115.76(d).</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.76.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.77(a)</p> <p>Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(e) addresses 115.77(a).</p> <p>As previously stated, the Warden asserts zero incidents involving contractor or volunteer perpetuation of sexual abuse/harassment incidents, occurred at WCF during the last 12 months. The same is validated pursuant to the auditor's review of the 11 random sexual abuse/harassment investigations facilitated during the last 12 months.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.77(a).</p> <p>115.77(b)</p> <p>Pursuant to the PAQ, the Warden self reports 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.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(f) addresses 115.77(b).</p> <p>The Warden asserts a contractor or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, inmates. If the investigation is substantiated, privileges</p>

	<p>would be rescinded on a permanent basis.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.77(b).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.77.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78(a)</p> <p>Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. The Warden further self reports that during the last 12 months, zero administrative or criminal findings of inmate-on-inmate sexual abuse occurred at the facility.</p> <p>Pursuant to the auditor's review of the aforementioned nine random sexual abuse/harassment investigations, he finds the same to be validated.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section S(1)(a) addresses 115.78(a). GDOC Policy 209.01 entitled Offender Discipline also addresses 115.78(a).</p> <p>According to PAQ documentation, there has been zero incidents of disciplinary sanctions imposed on inmates during the last 12 months for:</p> <p>Administratively substantiated inmate-on-inmate sexual abuse; or</p> <p>A criminal finding of guilt for inmate-on-inmate sexual abuse</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.78(a).</p> <p>115.78(b)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section S(1)(c) addresses 115.78(b).</p> <p>The Warden asserts varying degrees of sanctions are available pursuant to the GDC</p>

disciplinary process. Specifically, a tier program is utilized for imposition of major sanctions.

WCF staff write the misconduct report, a designated sergeant investigates the report, and a trained discipline hearing officer (DHO) conducts the administrative hearing. The WCF DHO recommends certain sanctions and the DHO can impose RHU placement, as well as, privilege sanctions.

The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the sanction(s) imposed for similar offenses by other inmates with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy. Specifically, the DHO can refer the inmate to mental health staff whenever potential competency questions arise.

In view of the above, the auditor finds WCF substantially compliant with 115.78(b).

115.78(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section S(1)(d) addresses 115.78(c).

The Warden asserts that assessment of mental disability or mental illness is built into the policy. Specifically, the DHO can refer the inmate to mental health staff whenever potential competency questions arise.

As previously noted, during the last 12 months, zero administrative or criminal findings of inmate-on-inmate sexual abuse were realized at WCF.

In view of the above, the auditor finds WCF substantially compliant with 115.78(c).

115.78(d)

Pursuant to the PAQ, the Warden self reports the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports that the facility does not consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits as such services are voluntary.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section (S)(1)(i) addresses 115.78(d).

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are not generally offered to the perpetrator unless he requests the same. Even if offered, inmate access to programming or other benefits would not be

contingent upon participation in such services as the same would be voluntary.

In view of the above, the auditor finds WCF substantially compliant with 115.78(d).

115.78(e)

Pursuant to the PAQ, the Warden self reports the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section (S)(1)(e) addresses 115.78(e).

During the last 12 months, zero inmates were disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

In view of the above, the auditor finds WCF substantially compliant with 115.78(e).

115.78(f)

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 29 and 30, section (S)(1)(g) addresses 115.78(f).

During the last 12 months, zero disciplinary actions occurred for a report of sexual abuse made in bad faith. Of note, the auditor has not located any contradictory evidence.

In view of the above, the auditor finds WCF substantially compliant with 115.78(f).

115.78(g)

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports the agency disciplines inmates for sexual abuse only if it is determined the same activity is coerced.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section (S)(1)(f) addresses 115.78(g).

The auditor has not discovered nor has he been provided any evidence validating that inmates have been found guilty or convicted of non-coerced sexually abusive activity during the last 12 months. The auditor did review one disciplinary action wherein the

	<p>inmate was disciplined for sexual activity with another inmate in the absence of coercion.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.78(g).</p> <p>Accordingly, absent any finding to the contrary, the auditor finds WCF substantially compliant with 115.78.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.81(a)</p> <p>Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. The PCM self reports that in the last 12 months, 10 inmates who disclosed both prior victimization and sexually aggressive behavior, during the screening process were offered a followup meeting with a medical and/or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 9 addresses 115.81(a).</p> <p>The auditor's review of four of five referrals for sexual victimization, four of five initial victimization/aggressor screenings and corresponding Comprehensive Mental Health Evaluation forms reveals that timely 115.81 follow-up occurred in all four cases. In three of these cases, the interviewees cited historical community sexual abuse while in the last case, the victim incurred attempted sexual abuse while in prison or jail. Of note, the mental health encounter was not facilitated within 14 days of arrival in one additional case.</p> <p>In addition to the above, the PCM self reports there is no evidence of the conduct of Comprehensive Mental Health Evaluations in three of the eight sexual abuse victim cases referred to medical/mental health practitioners pursuant to 115.81(a). There are no notations as to whether the victim declined the 14-day Comprehensive Mental Health Evaluation follow-up or explanation as to why the evaluation was not completed. Accordingly, 62% of applicable cases were completed commensurate with 115.81(a).</p> <p>The staff who performs initial screening for risk of sexual victimization and</p>

abusiveness interviewee states she offers a follow-up meeting with a medical and/or mental health practitioner whenever the screening indicates an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community. The interviewee states she is not aware of the time frame in which that meeting is to occur. She accomplishes the same by forwarding a Referral Form to MH or medical staff.

According to the PCM, zero inmates who reported prior institutional or community sexual victimization during the last 12 months were housed at WCF during the onsite visit.

While the auditor finds WCF compliant with 115.81(a), he recommends that the PCM develop a system to capture all referrals, declinations of medical/mental health follow-up meetings, and corresponding completed Comprehensive Mental Health Evaluations or explanations regarding the non-conduct of 115.81(a) evaluations. This will ensure effective tracking of these cases.

According to the PCM, beginning December 2024, mental health coordinators (MHCs) are required to provide the PCM with a copy of all comprehensive mental health evaluations resulting from a referral concerning historical sexual abuse. This is for new arrivals only. The PCM will maintain a file with all referrals and evaluations for audit purposes.

In view of the above, the auditor finds WCF substantially compliant with 115.81(a).

115.81(b)

Pursuant to the PAQ, the Warden self reports if inmates previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the followup meeting is offered within 14 days of the intake screening.

In the last 12 months, three inmates who previously perpetrated sexual abuse incidents, as indicated during the screening pursuant to § 115.41, were offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 8 addresses 115.81(b).

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states she offers a follow-up meeting with a medical and/or mental health practitioner whenever the screening indicates an inmate has perpetrated prior sexual abuse either in the community or a prison, jail, juvenile, or a community confinement facility. The interviewee states she is not aware of the time frame in which that meeting is to occur. She accomplishes the same by forwarding a

Referral Form to MH or medical staff.

The auditor's review of one of the three referrals for sexual aggressiveness, one of three initial victimization/aggressor screenings and corresponding Comprehensive Mental Health Evaluation forms (one case) reveals that timely 115.81(b) follow-up occurred in one of the three cases. Of note, the mental health encounter was facilitated within 14 days of arrival in this case.

In view of the above, the auditor finds WCF non-compliant with 115.81(b) and accordingly, he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.81(b) requirements. The corrective action due date is May 13, 2025.

To demonstrate compliance with and institutionalization of 115.81(b) requirements, the PCM will provide training to all stakeholders regarding the nuances of 115.81(b). Minimally, the staff member who facilitates sexual victimization/aggressor assessments of inmates, medical practitioners, and mental health practitioner(s) will receive such training. The training will address referrals of applicable inmates following assessment, information required for inclusion in the assessment, method of reporting post assessment needs to medical and mental health practitioners, time frame for completion of assessments relative to victims and aggressors, requisite documentation (Comprehensive Mental Health Evaluation) required for validation of the follow-up, and how to document when an aggressor refuses a follow-up meeting or evaluation.

The PCM will upload both the training plan regarding the above training, as well as, documentation validating the names (printed and written signatures) of stakeholder participants. Additionally, between the date of this interim report and May 13, 2025, the PCM will upload the above documentation regarding all sexual abuse aggressors who arrive at WCF during that time frame. The auditor will subsequently identify files for review, inclusive of the documents referenced above. He will then determine compliance following review of these documents.

In view of the above, the auditor finds WCF non-compliant with 115.81(b).

March 30, 2025 Update:

The auditor's review of an uploaded training curriculum reveals that the 115.81(b) requirements are addressed with some guidance written into the lesson plan regarding compliance with the standard provision. Additionally, a referral form is included with the lesson plan, demonstrating compliance with 115.81(a) and (b). Nine department heads, inclusive of three unit managers and the PCM, completed the training.

May 10, 2025 Update:

The auditor's review of two Training/Activity Attendance Rosters dated February 20, 2025 and March 3, 2025 reveals that 22 administrative duty officers, security supervisors, and administrative staff completed training regarding the nuances of 115.81(b). Additionally, the auditor's review of the syllabus regarding 115.81(b) requirements reveals the same is substantially compliant with 115.81(b).

Accordingly, the auditor is satisfied that WCF is substantially compliant with 115.81(b) training corrective action.

The auditor's review of three cases received at WCF since January, 2025 reveals WCF is now substantially compliant with 115.81(b). Specifically, the PREA Sexual Victimization/Sexual Abuse Classification Screening Summary, Referral for Mental Health or Substance Abuse Disorders form completed by the 115.41 screeners, and the corresponding Comprehensive Mental Health Evaluation Forms validate substantial compliance with 115.81(b).

In view of the above, the auditor now finds WCF substantially compliant with 115.81(b).

115.81(d)

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The same is available to other staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

According to the staff responsible for risk screening interviewee, the PCM, CM, UM, investigative staff, AWs, and Warden have access to institutional sexual abuse history (PREA victimization at other facilities, etc.). As mentioned throughout this report, hard copies of investigative materials, inclusive of forensic medical documentation associated with the respective investigation, as well as, digital information are securely maintained by the investigator and PCM. Documentation and information maintained in the 5-1 system is limited to those staff with privileges. Medical/MH information is likewise stored in password protected systems and hard copies of referral documentation are stored in secure file cabinet(s) in MH staff secured offices and medical files in the Medical Department.

In view of the above, the auditor finds WCF substantially compliant with 115.81(d).

115.81(e)

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

	<p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(g) addresses 115.81(e).</p> <p>The medical staff interviewee states, as a matter of routine, she does ensure that she advises inmates regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The verbal informed consent is documented in the notes or the equivalent of an informed consent, completed at intake, is maintained in the inmate's file. The mental health interviewee states, as a matter of routine, he does ensure that he advises inmates regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. However, he does not document the same. Of note, zero inmates under the age of 18 are housed at WCF.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.81(e).</p> <p>Accordingly, in view of the completed 115.81(b) corrective action and the evidence cited throughout the 115.81 narratives, the auditor now finds WCF substantially compliant with 115.81.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.82(a)</p> <p>Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>The auditor's review of four of nine sexual abuse investigations specifically reveals that the inmates were examined by medical and mental health staff at the facility following report of the alleged incident. Review of the Sexual Abuse Incident Check Sheet and the investigation reports validate the same. In one case, the victim reported no penetration but rather, staff allegedly brushed her breast against his arm. In two additional cases, the victims adamantly denied the existence of any</p>

sexual abuse. In one additional case, the incident allegedly occurred two weeks prior to the report. Accordingly, the auditor finds that sufficient evidence is existent to validate that requisite medical/mental health intervention occurred with respect to each incident.

The medical and mental health interviewees state victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and a brief lifesaving medical examination at WCF. The nature and scope of these services are determined according to the professional judgment of the provider in addition to the physician, if available.

Three of the four inmates who reported a sexual abuse allegation at WCF interviewees state they met with Medical/MH staff shortly after reporting the alleged sexual abuse. The last victim states that he did not see a medical practitioner, however, he did see the mental health practitioner. The auditor did review the sexual abuse investigations pertaining to these inmates.

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Seven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

In view of the above, the auditor finds WCF substantially compliant with 115.82(a).

115.82(b)

Pursuant to the PAQ, the Warden asserts that if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Seven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

The auditor also notes that 11 of the aforementioned interviewees state they contact medical and mental health staff immediately regarding the sexual abuse report.

In view of the above, the auditor finds WCF substantially compliant with 115.82(b).

115.82(c)

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(10) addresses 115.82(c).

The medical staff interviewee states that victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis during the forensic examination process. As reflected in the narrative for 115.21(c), the SANE interviewee states that emergency transmitted infection prophylaxis is recommended during the forensic examination process. The facility physician is then responsible for prescribing the same and following through on administration.

Three of the four inmates who reported a sexual abuse at WCF interviewees state they were not offered information about and access to emergency contraception and sexually transmitted infections prophylaxis in follow-up to their sexual abuse report. Of note, a forensic examination was completed in response to only one of these reported sexual abuse incidents.

In view of the above, the auditor finds WCF substantially compliant with 115.82(c).

115.82(d)

Pursuant to the PAQ, the Warden self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(16) addresses 115.82(d).

The auditor has not found any evidence suggesting that charges were assessed to victims of sexual abuse at WCF during the last 12 months. Additionally, none of the

	<p>four inmates who reported a sexual abuse incident at WCF interviewees report payment of any medical fees associated with their allegations.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.82(d).</p> <p>Accordingly, in view of the above, the auditor finds WCF substantially compliant with 115.82.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.83(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(11) addresses 115.83(a).</p> <p>The auditor's review of four of nine sexual abuse investigations specifically reveals that the inmates were examined by medical and mental health staff at the facility following report of the alleged incident. Review of the Sexual Abuse Incident Check Sheet and the investigation reports validate the same. In one case, the victim reported no penetration but rather, staff allegedly brushed her breast against his arm. In two additional cases, the victims adamantly denied the existence of any sexual abuse. In one additional case, the incident allegedly occurred two weeks prior to the report. Accordingly, the auditor finds that sufficient evidence is existent to validate that requisite medical/mental health intervention occurred with respect to each incident.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.83(a).</p> <p>115.83(b)</p> <p>Pursuant to the PAQ, the Warden self reports that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p>

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(12) addresses 115.83(b).

In regard to medical care provided at the facility following a sexual abuse event, the medical staff interviewee states she facilitates a threshold interview with the victim to determine basic medical information and she takes vitals and facilitates a clothed body inspection looking for cuts, bruising, etc. If the same is discovered, basic or advanced first-aid is administered.

The mental health staff interviewee states he reaches out to the victim and offers a voluntary assessment to determine the victim's mental health status. He facilitates threshold questioning of the victim and attempts to calm him. Additionally, he discretely assesses the presence of any suicidal ideations.

Based on the auditor's review of nine random sexual abuse investigations facilitated during the last 12 months, there is no evidence of failure to comply with the requirements of 115.83(b).

In view of the above, the auditor finds WCF substantially compliant with 115.83(b).

115.83(c)

Pursuant to the PAQ, the Warden self reports that the facility provides such victims with medical and mental health services consistent with the community level of care.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(13) addresses 115.83(c).

The medical interviewee states that services offered at the facility are consistent with the community level of care. The medical staff interviewee states that forensic examinations are completed at the facility by SANEs and the community standard of medical care is established accordingly. The mental health practitioner stated that he did not know if the services offered at the facility are consistent with the community level of care as he had not worked in a community facility and therefore, he had no source of comparison.

In view of the above, the auditor finds WCF substantially compliant with 115.83(c).

115.83(d)

Pursuant to the PAQ, the Warden self reports that female inmates are not housed at WCF. The auditor's observations during the facility tour validate the Warden's assertion.

In view of the above, the auditor finds that 115.83(d) is not applicable to WCF.

115.83(e)

Pursuant to the PAQ, the Warden self reports that female inmates are not housed at WCF. The auditor's observations during the facility tour validate the Warden's assertion.

In view of the above, the auditor finds that 115.83(e) is not applicable to WCF.

115.83(f)

Pursuant to the PAQ, the Warden self reports that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 13-79 entitled Sexual Assault Response, pages 3 and 4, section B(10) addresses 115.83(f).

The SANE interviewee, part owner of SART, Inc. and a SANE nurse, states that infection prophylaxis is part of the interviewee's forensic planning recommendation. Additionally, any applicable testing, inclusive of HIV, etc., dependent upon the circumstances, is included in the forensic protocol.

Three of the four random inmate interviewees who reported a sexual abuse incident at WCF state they were not offered tests for sexually transmitted infections. In one case, the victim continually changed his account of the alleged incident and a forensic examination was not conducted. In another case, the allegation did not include penetration. In another case, the victim was subject to a forensic examination and applicable testing (HIV, etc.) and infection prophylaxis would be part of that protocol as described above.

In view of the above, the auditor finds WCF substantially compliant with 115.83(f).

115.83(g)

Pursuant to the PAQ, the Warden self reports that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(16) addresses 115.82(g).

The auditor has not found any evidence suggesting that financial charges were assessed to victims of sexual abuse at WCF during the last 12 months. Additionally, none of the four random inmate interviewees who reported a sexual abuse incident at WCF report payment of any medical fees associated with their allegations.

In view of the above, the auditor finds WCF substantially compliant with 115.83(g).

	<p>115.83(h)</p> <p>Pursuant to the PAQ, the Warden self reports that If the facility is a prison, appropriate staff attempt 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 practitioners.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(17) addresses 115.83(h).</p> <p>The mental health staff interviewee states he does conduct a mental health evaluation of all known inmate-on-inmate sexual abusers and offers treatment, if appropriate. If a mental health evaluation has been completed within 90 days, regardless of author, a new evaluation is not required. If outside the 90-day window, WCF staff facilitate an evaluation.</p> <p>Based on documentation included in OAS, completion of an evaluation pursuant to 115.83(h) was not required nor facilitated.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.83(h).</p> <p>Accordingly, in view of the above, the auditor finds WCF substantially compliant with 115.83.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.86(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports that in the last 12 months, 18 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 27 and 28, section P(1) addresses 115.86(a).</p> <p>As previously indicated throughout this audit narrative, the auditor's review of 11 random sexual abuse investigations completed during the last 12 months reveals that two investigations were unfounded and two investigations were either deemed to be sexual harassment or more like sexual harassment. Sexual Abuse Incident Reviews</p>

(SAIRs) have been completed in four of the seven applicable sexual abuse investigations reviewed. Of note, two of the investigations wherein SAIRs have not been completed are either being investigated by GDOCOPS or jointly by GDOCOPS and the facility sexual abuse investigator.

In view of the above, the auditor finds WCF substantially compliant with 115.86(a).

115.86(b)

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports that in the last 12 months, 18 criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section P(3) addresses 115.86(b).

Pursuant to the auditor's review of the SAIRs conducted in the aforementioned applicable four cases, all were facilitated within 30 days of the closure of the administrative investigation.

In view of the above, the auditor finds WCF substantially compliant with 115.86(b).

115.86(c)

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section P(2) addresses 115.86(c).

The Warden asserts that a SART team is utilized and available at WCF. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the auditor's review of the aforementioned SAIR reports, it is clear that the review team is comprised of staff from multi and diverse disciplines. Specifically, the Warden, PCM, the chief of security (COS), the health services administrator (HSA), the mental health coordinator (MHC), and the manager quality assurance (MQA) generally comprise the review team.

In view of the above, the auditor finds WCF substantially compliant with 115.86(c).

115.86(d)

Pursuant to the PAQ, the Warden self reports that 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; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Warden asserts that the SART team assesses issues noted above to make necessary changes, if required, and/or highlight positive performance or failures. The mission of the SART team is to "enhance all things PREA" at WCF.

The PCM asserts that the SART team does prepare a report of the review proceedings encompassing the issues articulated above. She serves as a member of the SART and she writes the report. If there are recommendations, she follows through with the same or documents the basis for non-compliance.

The SART team interviewee validated the issues addressed above as requisite review items.

The auditor's review of nine applicable sexual abuse investigations facilitated during the last 12 months reveals that two investigations were determined to be unfounded and accordingly, the conduct of a SAIR was not necessary. Nonetheless, four of the seven applicable SAIR reports completed during the last 12 months, reflects substantial compliance with 115.86(a-e). Of note, two of the investigations wherein SAIRs have not been completed are either being investigated by GDOCOPS or jointly by GDOCOPS and the facility sexual abuse investigator.

In view of the above, the auditor finds WCF substantially compliant with 115.86(d).

115.86(e)

	<p>Pursuant to the PAQ, the Warden self reports that the facility implements the recommendations for improvement or documents its reasons for not doing so. The auditor notes that zero recommendations were reflected in the four SAIRs mentioned throughout this narrative.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.86(e).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.86.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.87(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 30 and 31, section T(1) addresses 115.87(a).</p> <p>The PCM asserts that an SSV was required for WCF during the last 12 months. Pursuant to the auditor's review of SSVs, he has determined that the incident-based data collected is commensurate with the CC standardized set of definitions.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.87(a).</p> <p>115.87(b)</p> <p>Pursuant to the PAQ, the Warden self reports the agency aggregates the incident based sexual abuse data at least annually.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(3) addresses 115.87(b).</p> <p>The auditor's cursory review of PREA Annual Reports on the CC website for 2021 and 2022 reveals annual aggregation of incident-based sexual abuse data for WCF.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.87(b).</p> <p>115.87(c)</p>

	<p>Pursuant to the PAQ, the Warden further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(3) addresses 115.87(c).</p> <p>The PCM asserts that an SSV was required for WCF during the last 12 months. Pursuant to the auditor's review of SSVs, he has determined that the incident-based data collected is commensurate with the CC standardized set of definitions.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.87(c).</p> <p>115.87(d)</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(2) addresses 115.87(d).</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.87(d).</p> <p>115.87(e)</p> <p>The auditor has learned WCF does not contract with any other private facilities for the confinement of any inmates designated to their care, custody, and control.</p> <p>Accordingly, the auditor finds 115.87(e) not applicable to WCF.</p> <p>115.87(f)</p> <p>Pursuant to the PAQ, the Warden self reports that WCF was selected by BJS to submit an SSV in 2023.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.87(f).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.87.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.88(a) Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(4) addresses 115.88(a).

The Agency Head interviewee asserts that CC accesses data from various sources on a daily, monthly, and annual basis. Incident data is provided daily to select Facility Support Center (FSC) 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 the physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas.

The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.

Of note, PREA investigation reports and ancillary documentation are electronically generated and maintained in a privileges operated system however, a safely secured filing cabinet is located in the WCF Investigator's office, as well as, the PCM's office. The auditor validated these processes throughout the on-site visit.

The CCPC further asserts that the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs are electronically transmitted to corporate and maintained in the 5-1 system. The CCPC also has access to computerized daily population reports, etc. The WCF investigator and PCM maintain hard copies of investigations in a locked cabinet in

their locked offices. Access to electronic copies of investigative materials is limited to those staff with privileges. Data is published by corporate office staff.

In view of the above, the auditor finds WCF substantially compliant with 115.88(a).

115.88(b)

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2021 and 2022 corporate cumulative annual reports reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2021 and 2022. The data collected pursuant to 115.87 is included within the annual report.

Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the audit year(s), are discussed in the annual report(s). Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(5) addresses 115.88(b).

In view of the above, the auditor finds WCF substantially compliant with 115.88(b).

115.88(c)

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the Agency Head.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, sections T(8) addresses 115.88(c).

The auditor's review of the aforementioned 2021 and 2022 annual reports clearly reflects the CC Executive Vice President and Chief Operating Officer (COO) approves the report as the cover page bears his signature. The auditor verified the report(s), in question, are posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Executive Vice President and COO for final review and signature.

	<p>In view of the above, the auditor finds WCF substantially compliant with 115.88(c).</p> <p>115.88(d)</p> <p>Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of material redacted.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(6) addresses 115.88(d). The auditor did not find any redacted material in the aforementioned annual reports.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.88(d).</p> <p>Accordingly, the auditor finds WCF substantially compliant with 115.88.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.89(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(11) addresses 115.89(a).</p> <p>The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.</p> <p>Of note, PREA investigation reports and ancillary documentation are electronically generated and maintained in a privileges operated system however, a safely secured filing cabinet is located in the WCF Investigator's office, as well as, the PCM's office. The auditor validated these processes throughout the on-site visit.</p>

In view of the above, the auditor finds WCF substantially compliant with 115.89(a).

115.89(b)

Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(8) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website. In view of the above, the auditor finds WCF substantially compliant with 115.89(b).

115.89(c)

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(7) addresses 115.89(c).

The auditor has found no instances wherein personal identifiers have been necessarily excised from subject reports.

In view of the above, the auditor finds WCF substantially compliant with 115.89(c).

115.89(d)

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(10) addresses 115.89(d) in entirety.

Additionally, the Core Civic Record Retention Schedule and appendix 1-15B clearly stipulates retention guidelines. The auditor has found no evidence of deviation from the requirements of 115.89(d) during the facility tour or on-site visit.

In view of the above, the auditor finds WCF substantially compliant with 115.89(d).

In view of the above, the auditor finds WCF substantially compliant with 115.89.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401(a)</p> <p>Pursuant to the auditor's cursory review of the CC website, he finds that all facilities are audited on a tri-ennial basis unless there are lapses in provision of services to customers. The auditor has audited CC facilities for approximately nine years and he is, therefore quite familiar with policies and practices. CC PREA executives are very attentive to the audit process and scheduling of audits, completion of corrective action.</p> <p>In view of the above, the auditor finds CC substantially compliant with 115.401(a).</p>
	<p>115.401(b)</p> <p>The auditor's review of the CC website reveals that CC facilities are reviewed in three year cycles. Specifically, it appears that one-third of non-ICE facilities are PREA audited on an annual basis.</p> <p>In view of the above, the auditor finds CC substantially compliant with 115.401(b).</p>
	<p>115.401(h)</p> <p>Throughout the WCF PREA onsite visit, the auditor was granted access to all areas of the facility. He was able to examine mop closets, mechanical rooms, all prisoner/ detainee occupied areas, staff assembly areas, as well as, areas outside of the facility.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.401(h)</p> <p>115.401(l)</p> <p>Throughout the entire audit process, the auditor has been granted access to any documentation he requested. Facility staff have been vigilant in terms of uploading requested documentation into OAS.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.401(l).</p>
	<p>115.401(m)</p>

	<p>Throughout the onsite visit, the auditor has been afforded private interview space in staff offices or conference rooms wherein he interviewed inmates. Staff interpreters or interpreters from VOYCE assisted with those Spanish-speaking and, other than Spanish inmates who the auditor randomly selected for interviews.</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.401(m).</p> <p>115.401(n)</p> <p>The auditor noted that PREA Audit Notices were posted in each inmate housing area, as well as, programming/operational areas. The Audit Notices were posted six weeks prior to the onsite visit. Notices contained sufficient information regarding confidentiality. I</p> <p>In view of the above, the auditor finds WCF substantially compliant with 115.401(n).</p> <p>Considering the lack of adverse findings regarding the above provisions, the auditor finds CC and WCF substantially compliant with 115.401.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.403(f)</p> <p>The auditor's research of the CC/WCF website reveals that the last Final PREA Audit Report dated March 21, 2022 is posted on the same.</p> <p>In view of the above, the auditor finds CC/WCF substantially compliant with 115.403(f).</p>

Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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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
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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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
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	no

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

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

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

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

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

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

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

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>