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

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: July 24, 2021

Date of Final Audit Report: January 4, 2022

Auditor Information

Name: Kendra Prisk	**Email:** 2KConsultingLLC@gmail.com
Company Name: 2K Consulting, LLC.	
Mailing Address: PO Box 204	**City, State, Zip:** Malone, FL 32445
Telephone: 814-883-9766	**Date of Facility Visit:** June 8-11, 2021

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency *(If Applicable)*:			
Physical Address: 5501 Virginia Way, Suite 110		**City, State, Zip:** Brentwood, TN 37027	
Mailing Address: 5501 Virginia Way, Suite 110		**City, State, Zip:** Brentwood, TN 37027	
The Agency Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Eric S. Pierson	
Email: Eric.Pierson@corecivic.com	**Telephone:** 615-263-6915
PREA Coordinator Reports to: Steven Conry, Vice President	**Number of Compliance Managers who report to the PREA Coordinator:** 68

Facility Information

Name of Facility: Tallahatchie County Correctional Facility			
Physical Address: 19351 US Hwy 49 N		**City, State, Zip:** Tutwiler, MS 389963	
Mailing Address (if different from above):		**City, State, Zip:**	
The Facility Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Facility Type:	☒ Prison	☐ Jail	
Facility Website with PREA Information: https://www.corecivic.com/facilities/coffee-correctional-facility			
Has the facility been accredited within the past 3 years? ☒ Yes ☐ No			

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

☒ ACA

☒ NCCHC

☐ CALEA

☐ Other (please name or describe:

☐ N/A

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

Warden/Jail Administrator/Sheriff/Director

Name: Martin Fink	
Email: Martin.Frink@corecivic.com	**Telephone:** 662-345-6567

Facility PREA Compliance Manager

Name: Kamala Grant	
Email: Kamala.Grant@corecivic.com	**Telephone:** 662-345-6567

Facility Health Service Administrator

Name: James Faulkner	
Email: James.Faulkner@corecivic.com	**Telephone:** 662-345-6567

Facility Characteristics

Designated Facility Capacity:	2800
Current Population of Facility:	1383
Average daily population for the past 12 months:	1542

Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☐ Males ☒ Both Females and Males
Age range of population:	18-72
Average length of stay or time under supervision:	145 Days
Facility security levels/inmate custody levels:	Minimum & Medium
Number of inmates admitted to facility during the past 12 months:	4202
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	3894
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	2529
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☒ Yes ☐ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☒ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☒ State or Territorial correctional agency ☒ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☐ N/A
Number of staff currently employed by the facility who may have contact with inmates:	297
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	128
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	7
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	27
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	24

Physical Plant

Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	7
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	40
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	38
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	64
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe):

Investigations

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

Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe): ☒ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for Tallahatchie County Correctional Facility (Tallahatchie) in Tutwiler, Mississippi was conducted on June 8, 2021 through June 10, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. Tallahatchie is a private for profit prison under CoreCivic. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

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

The previous PREA audit was conducted by PREA auditor Jennifer Feicht on May 14-16, 2018. The previous auditor found that the facility exceeded one standard and met 44.

Pre-Audit

On February 5, 2021 the auditor provided her mailing address to the agency PREA Coordinator (PC) for the audit announcements. On April 23, 2021 the auditor was provided access to the facility's Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through a shared folder program. The auditor had correspondence via telephone and email with the PC and facility staff during the pre-audit phase. On May 10, 2021, June 1, 2021 and June 6, 2021 the auditor had correspondence with the PC and the facility staff related to questions about the PAQ, policies, procedures and supporting documentation (all documents reviewed are listed under the appropriate PREA standard). On March 29, 2021 the auditor provided the PC with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. The PC and facility staff were responsive and provided the auditor with updated and clarifying information numerous times in June 2021. Facility staff ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received an assurance memo from the Warden indicating the announcement was placed throughout the facility at least six weeks prior to the on-site portion of the audit. The auditor did not receive any correspondence from staff or inmates at Tallahatchie.

The auditor contacted Northwest Mississippi Regional Medical Center (formerly known as Merit Health Northwest Mississippi Regional Medical Center) related to forensic medical examinations. The staff member stated that they have never performed a forensic medical examination at the hospital and that they do not have SANE/SAFE. The auditor also contacted the Greenwood Leflore Hospital related to forensic medical examinations. The hospital staff did not return voicemails left by the auditor. In addition to the hospitals, the auditor contacted the Mississippi Coalition Against Sexual Assault (MSCASA) and Region One Mental Health related to victim advocacy services. The staff member at MSCASA indicated that the Mississippi Department of Corrections has an MOU and since Tallahatchie holds their inmates they are covered under the MOU. The staff member stated that they have provided services to inmates at Tallahatchie in the past and that they offer all services as outlined under Standard 115.53. The MSCASA staff member stated she did not have any concerns for sexual safety for inmates at Tallahatchie; however she did have some concern with the level of mental health services available. She indicated that it may be due to lack of resources, but they felt the facility had a lack of mental health and follow-up support services. The auditor made contact with Region One Mental Health staff who did not return the requested information. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with inmates at Tallahatchie.

The auditor conducted a web-based search related to Tallahatchie. The auditor located a articles and legal proceedings, however none pertained to sexual abuse or sexual harassment. The auditor confirmed that the agency website had the PREA policy, the annual report, a link to the PREA Resource Center and a method to report allegations. The facility website that contains information on the Compliance Manager, third party reporting methods, victim advocacy information (MSCASA) and prior PREA audit reports.

On-Site

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (1383) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least two inmates were selected from each of the housing groups (i.e. E has four pods and two inmates were selected from two of the four pods). The auditor also selected two female inmates as the facility had five female inmates at the time of the on-site portion of the audit. There were no inmates selected from Q or N as they were empty or closed during the on-site portion of the audit. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews.

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

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	23
Total Inmates Interviewed	43[1]
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	4
• Inmates who are LEP	4
• Inmates with a Cognitive Disability	2
• Inmates who Identify as Lesbian, Gay or Bisexual	3
• Inmates who Identify as Transgender or Intersex	2
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	5
• Inmates who Reported Sexual Victimization During Screening	3

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

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
    - Agency contract administrator
    - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
    - Line staff who supervise youthful inmates, if any
    - Education staff who work with youthful inmates, if any
    - Program staff who work with youthful inmates, if any

[1] Only 40 total inmates were interviewed. A few of the inmates were included in more than one targeted category.

- Medical staff
- Mental health staff
- Non-medical staff involved in cross gender strip or visual searches
- Administrative (Human Resource) staff
- SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders
- Intake staff

Category of Staff	Number of Interviews
Random Staff	12
Specialized Staff	18
Total Staff Interviews	30
Specialized Staff Interviews	
• Agency Contract Administrator	0
• Intermediate or Higher-Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	1

• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	1

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

- Mr. Steve Conroy (Agency Head Designee)
- Mr. Martin Fink (Warden)
- Mr. Eric Pierson (PREA Coordinator "PC")
- Ms. Kamala Grant (PREA Compliance Manager "PCM")

The on-site portion of the audit was conducted on June 8, 2021 through June 10, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted a tour of the facility on June 8, 2021. The tours included all areas associated with Tallahatchie. This included housing units, visitation, medical, laundry, the libraries, chapel, education, vocation, the gymnasium, food service, maintenance, warehouse, commissary, mental health and intake. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings.

Interviews were conducted on June 9, 2021 and June 10, 2021. Evening shift staff were interviewed on June 9, 2021 while day shift staff and specialized staff were interviewed on June 9, 2021 and June 10, 2021. All interviews were conducted in a private office setting.

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

Personnel and Training Files. The facility has 297 staff assigned. The auditor reviewed a random sample of 32 personnel and/or training records that included seven individuals hired within the past twelve months and eight staff with five year backgrounds. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and training files for five volunteers, six contractors and six medical and mental health care staff were reviewed. Most security staff files reviewed were of those selected for interview. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

Inmate Files. A total of 34 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing. 28 inmate files were of those that arrived within the previous twelve months, four were disabled inmates, five were LEP inmates, two were transgender or intersex inmates and nine were inmates who reported prior victimization during the risk screening or had a history or prior abusiveness. All inmate files reviewed were of those selected for interviews.

Medical and Mental Health Records. During the past year, there were 32 inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of fourteen of the inmate victims, as well as mental health documents for nine inmates who disclosed victimization during the risk screening or were identified by the risk screening of having prior sexual abusiveness.

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

Hotline Calls. The facility has a hotline number as well as an electronic way to report through JPay. The facility documented 61 calls through the hotline within the previous twelve months.

Incident Reports. The auditor reviewed the incident reports for the fourteen reviewed investigations. The auditor also reviewed the incident report log and a sample of additional incident reports.

Investigation Files. During the previous twelve months, there were 32 allegations reported. All 32 resulted in an administrative investigation and one was preferred for prosecution. During the on-site portion of the audit, 31 of the investigations were closed. The auditor reviewed fourteen closed investigations to ensure all components were included from the investigating authority.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	1	1	0
Unsubstantiated	8	3	9	2
Unfounded	2	3	1	1
Ongoing	0	0	1	0
Total Allegations	10	7	12	3

During the on-site portion of the audit, the auditor tested the hotline number and the advocacy number in three units. The auditor was unable to connect to the hotline or advocacy numbers. During all attempts the auditor was unable to get through or it advised to leave a message and then did not allow for a message. Additionally, prior to the call to the advocacy number, inmates are informed that the call to the advocacy line is recorded, and as such is not confidential per the recording. The PCM contacted the telephone company to alleviate the issue. The PCM was advised by the telephone company that the issue was resolved. The auditor and the PCM then tested the phone lines again and had the same issues. The facility was unable to correct the telephone issues prior to the departure of the auditor on June 10, 2021.

During the tour the auditor observed that PREA audit announcements and reporting information was posted in the hallways. The reporting information and victim advocacy contact information was also found posted in each of the housing units. Additionally, each housing unit had the opposite gender announcement requirement painted on the entrance door.

Post-Audit

At the completion of the on-site portion of the audit, the auditor provided the PC and the PCM with a spreadsheet related to issues identified that would require corrective action. The auditor spoke to the PC and PCM about corrective action and indicated that further correspondence would be required upon the completion of the interim report.

On December 7, 2021 the facility provided documentation related to standard 115.16. On December 7, 2021 the facility provided the auditor with additional training documents confirming that staff were advised that at intake (within 24 hours of arrival) each inmate/detainee is provided the PREA Prevent Detect and Respond pamphlet and the inmate handbook and signs the Orientation Acknowledgment form. The training further stated that within 30 days following the date of arrival, each inmate/detainee will meet with their Case Manager in person for comprehensive education. Additionally, the training directed staff that inmates who speak English or Spanish, but are unable to read, will have the initial information read to them by a staff member in their native language and when a staff member is not available they are to utilize the Language Line for translation. The facility provided copies of the distributed inmate education materials including the handbook and the pamphlet, in both English and Spanish. The facility also provided an updated inmate acknowledgement in Spanish. The auditor was also provided a process memo that was distributed to the inmates indicating that on Tuesdays and Thursdays at 9:00am the PREA video will be shown on channel 2 and 7 and the Spanish version of the PREA video will be shown at 9:15am. Based on the updated process and information this standard has been corrected.

On September 17, 2021 the auditor received training documentation related to standard 115.33. Staff were trained on June 28, 2021 on the inmate education requirements and signed an attendance roster. The facility provided the auditor with a list of inmates that arrived during the corrective action period. The auditor selected 31 inmates from the list to review their initial education and comprehensive education documents. On December 7, 2021 the facility provided the auditor with additional training documents confirming that staff were advised that at intake (within 24 hours of arrival) each inmate/detainee is provided the PREA Prevent Detect and Respond pamphlet and the inmate handbook and signs the Orientation Acknowledgment form. The training further stated that within 30 days following the date of arrival, each inmate/detainee will meet with their Case Manager in person for comprehensive education. Additionally, the training directed staff that inmates who speak English or Spanish, but are unable to read, will have the initial information read to them by a staff member in their native language and when a staff member is not available they are to utilize the Language Line for translation. The facility provided copies of the distributed inmate education materials including the handbook and the pamphlet, in both English and Spanish. The facility also provided an updated inmate acknowledgement in Spanish. The auditor was also provided a process memo that was distributed to the inmates indicating that on Tuesdays and Thursdays at 9:00am the PREA video will be shown on channel 2 and 7 and the Spanish version of the PREA video will be shown at 9:15am. On December 14, 2021 and December 22, 2021 the facility provided the auditor with documentation for the requested 31 inmates as well as documentation that was missing during the on-site portion of the audit. With regard to the missing documents during the on-site portion of the audit, four were provided comprehensive PREA education after the on-site portion of the audit, including one LEP inmate. Eight of the inmates were released in June and July prior to the facility initiating corrective action. With regard to LEP inmates, the facility provided five examples showing the inmate signature on the Spanish acknowledgment form (including the one that was missing during the on-site portion of the audit. Of the 31 inmates selected, three were missing comprehensive education, however all three were released and the facility could not provide them with it for correction. An additional fifteen inmates that arrived in October 2021 were selected for review. All fifteen were documented with comprehensive PREA education within 30 days. On January 4, 2021 the facility provided the auditor with an assurance memo that all current inmates at Tallahatchie had received comprehensive PREA education and Spanish forms are provided to LEP inmates. Thus based on the information provided, the facility has corrected this standard.

On September 17, 2021 the auditor received training documentation related to standard 115.41. Staff were trained on June 28, 2021 on the initial risk assessments, 30 day reassessment and reassessments when warranted requirements and signed an attendance roster. The facility provided the auditor with a list of inmates that arrived during the corrective action period. The auditor selected 31 inmates from the list to review their initial risk screening and reassessment. On December 14, 2021 the facility provided additional training documentation, including the process memo outlining the responsibilities for the intake screening. The memo stated that within 24 hours of arrival the inmate/detainee is to be screened by a Case Manager using the CoreCivic 14-2B and within 30 days the Case Manager meets in person with

each inmate/detainee and completes the 30 day reassessment using the 14-2B. The memo further stated that the Classification Coordinator and Chief of Unit Management send out weekly alerts pulled from the electronic system advising Case Managers of reassessment that need to be completed. On December 22, 2021 the facility provided documentation related to the 31 inmates selected for review. All 31 had an initial risk assessment completed within 72 hours while seventeen had a 30 day reassessment completed in the appropriate timeframe. Three additional inmates had a 30 day reassessment completed over the 30 days and ten did not have a 30 day reassessment completed. Six of the inmates were released prior to the 30 day timeframe. The other four inmates had subsequently been released and as such the facility was unable to complete their 30 day reassessment to correct the issue. The facility provide initial assessments and reassessments for an additional fifteen inmates that arrived in October. All fifteen had an initial risk screening completed within the 72 hours and seven had a reassessment completed within 30 days. Six of the eight inmates that had not had a reassessment were released prior to the 30 day timeframe. The remaining two were subsequently released and as such the facility could not conduct a reassessment to correct the issue. A large portion of the inmates that arrived at the facility were United States Marshall Service inmates and stayed for a short period of time. Thus based on the documentation provided the facility has corrected this standard.

On September 17, 2021 the auditor was provided documentation for standard 115.42. The facility provided the housing determination documentation for one of the identified transgender inmates. The determination was made by the client in 2017 and because the facility operates under a contract with the client the inmate would remain housed at the gender of the facility the client indicates. The inmate's housing at the facility was based on the risk screening and was individualized. On December 9, 2021 the facility provided training documents confirming that staff were trained on December 8, 2021 on the management of transgender inmates. The training went over staff's responsibilities under CoreCivic's policy as well as information on completing the transgender/intersex assessment and treatment plan (14-9A form). The facility also provided the housing determination documentation and biannual assessment for the second transgender inmate. The inmate arrived on March 4, 2021 and had an individual housing determination made on March 20, 2021. The inmate was assessed on March 4, 2021 and December 12, 2021. Based on the documentation provided, this standard has been corrected.

On November 29, 2021 the auditor was provided documentation for standard 115.51. The facility provided photos of posted information related to the outside reporting mechanism. Twelve photos were provided, however only one photo had a mailing address to the Tutwiler Police Department as a reporting mechanism. Additionally, the one posting did not indicate Tutwiler Police Department was the outside reporting entity and did not advise inmates that they could remain anonymous upon request. On December 9, 2021 the facility provided the auditor with documentation confirming that they conducted town hall meetings with the inmate population on September 23, 2021. During the town hall staff educated inmates on the outside reporting mechanism. The inmates were advised they could report to the Tutwiler Police Department by writing to PO Box 176, Tutwiler, MS 38963 and that the address would be posted on the inmate phones in the pods. On December 7, 2021 the facility provided the reporting poster that was placed on the inmate phones in the pods. The poster had the directions on how to report to the internal reporting line, how to contact the victim advocate and how to contact the external reporting mechanism. The poster included the address to Tutwiler Police Department and stated that reports can be made anonymously and all reports will be referred for investigation. On December 21, 2021 the facility provided the auditor with a copy of a letter mailed to Tutwiler Police Department (sent December 16, 2021) testing the functionality of the outside reporting mechanism. On January 4, 2021 the facility provided a copy of the letter and envelope showing the letter was received. The facility was not provided a response from Tutwiler Police Department related to the letter. The PCM did indicate that Tutwiler Police Department did previous state they had received letters in the past and forwarded the letters to the facility. While the facility was unable to provide confirmation that the outside reporting entity method was functional, the auditor did contact Tutwiler Police Department and confirmed that inmates can report by writing letters and they would either investigate or provide the information back to the facility. Based on provided documentation and information this standard has been corrected.

On November 1, 2021 the auditor was provided documentation for standard 115.53. The facility provided documentation to show that the victim advocacy line was operational, however the documents were in a format that could not be opened by the auditor. On December 7, 2021 the PC provided the auditor with the documentation in an accessible format. The documentation illustrated that phones were tested throughout the facility on twelve separate occasions. The documentation confirmed that the victim advocacy phone line was functional during all twelve calls. On December 9, 2021 the facility provided a memo (in both English and Spanish) that was provided to the inmate population (through bulletin boards, GTL and town halls) that indicated that inmates can contact the hotline between the hours of 9:00am and 5:00pm and that the caller's phone number is not retained so the call is anonymous and confidential. Additionally, the memo stated that the number is an external victim advocate and the service are free of charge and available 24 hours a day, seven days a week. The memo advised the address for Region One Mental Health and also advised that any information reported would be subject to reporting under mandatory reporting laws. On December 7, 2021 the facility provided the reporting poster that was placed on the inmate phones in the pods. The poster had the directions on how to report to the internal reporting line, how to contact the victim advocate and how to contact the external reporting mechanism. The poster gave directions on how to dial the number from the inmate phones and also stated that all calls to the number are confidential and are not monitored or recorded. Based on the documentation provided, this standard has been corrected.

On September 27, 2021 the auditor was provided documentation for standard 115.67. The facility provided monitoring documentation for six inmates from March to July. Two were related to allegations that were reviewed during the on-site portion of the audit that documentation was not originally provided, one was for an allegation reported after the on-site portion of the audit and three the auditor could not connect to investigations that were reviewed (they may have been related to sexual harassment allegation that were not reviewed on-site). None of the provided documentation was for the sexual abuse allegations reported during the corrective action period (three incidents were identified, two which required corrective action). On December 19, 2021 the auditor received investigative reports and documentation for the three reported sexual abuse allegations. Two of the allegations were reported via a Warden to Warden notification and as such the inmate victims were no longer at Tallahatchie at the time of the reported sexual abuse and did not require monitoring. The third inmate reported the allegation on September 7, 2021 and was released from custody on September 15, 2021 and as such the facility did not complete monitoring for retaliation. While none of the three required monitoring based on circumstances, the auditor requested that the facility conduct a training with appropriate staff to ensure they were aware of the requirements under this standard. On January 4, 2021 the facility provided the auditor with training documents as requested. The facility conducted a training on January 3, 3021 that included the PREA Compliance Bulletin – Retaliation Monitoring developed by the PREA Coordinator. The Bulletin covered agency specific requirements for monitoring for retaliation as well as the overall standard requirements. The facility investigator, PCM and Assistant Warden completed the training. Based on all the information provided the facility has corrected this standard.

On December 7, 2021 the auditor was provided documentation for standard 115.73. The two facility investigators were trained on the inmate victim notification requirements and their responsibilities. On December 19, 2021 the facility provided the auditor with copies of the three sexual abuse investigations. Two allegations were reported via Warden to Warden notifications and as such the inmates were not at Tallahatchie during the investigation and were not notified. The third inmate victim reported the allegation on September 7, 2021 and was released from custody on September 15, 2021. As such, the inmate was unable to be notified of the outcome of the investigation. While none of the three sexual abuse investigations reported during the corrective action period required notifications due to reporting circumstances, the training provided to the appropriate staff shows this standard has been corrected.

On September 27, 2021 the auditor was provided documentation related to standard 115.81. The facility provided the auditor with a copy of the created referral form that the facility plans to utilize when inmates report prior sexual victimization, whether it occurred in an institutional setting or not and for inmates who previously perpetrated sexual abuse. The form allows the inmate to decline or agree to a follow-up meeting with mental

health and has a space for the inmate to sign and date. On November 1, 2021 the facility provided one inmate that was identified as having prior perpetration and one inmate that reported prior sexual victimization during the risk screening. Both inmates were seen by mental health within the fourteen day timeframe. On December 7, 2021 the facility provided the auditor training documents illustrating that staff were trained on June 28, 2021 on the updated form and the process for referrals and follow-ups with mental health for reported prior sexual victimization and identified prior sexual abusiveness. On December 28, 2021 the facility provided the auditor with three examples of inmates who reported prior sexual victimization during the risk screening who were offered a follow-up with mental health. Two of the three indicated on the form that they did not want a follow-up with mental health, however the facility still had documentation indicating that all three spoke to a mental health staff member within the fourteen day timeframe. An additional review of the 31 inmate risk screenings did not yield additional examples for this standard. Based on the new referral form, staff training and the five examples provided, the facility has corrected this standard.

On September 27, 2021 the auditor was provided training documentation related to standard 115.82 and 115.83. Staff were trained on September 14, 2021 on the requirements as it pertains to HIV and sexually transmitted infections. On December 19, 2021 the facility provided the auditor with a copy of the completed investigations. Two of the allegations were reported at another facility. One of the reported facilities forwarded medical and mental health documentation confirming the inmate was provided services while the other did not. The one inmate who reported sexual abuse while at Tallahatchie was documented with receiving medical services on the same date as the allegation was reported. The inmate's allegation did not require HIV/STI testing or sexually transmitted infection prophylaxis. Based on the training and documentation these standards have been corrected.

On September 27, 2021 the auditor was provided training documentation related to standard 115.86. Staff were trained on September 15, 2021 on the requirements as it pertains to sexual abuse incident reviews. On November 29, 2021 the facility provided a spreadsheet of sexual abuse and sexual harassment allegations that were reported during the corrective action period. Three sexual abuse allegations were reported after July 24, 2021 (date of the interim report). Two were unsubstantiated and required a sexual abuse incident review. On December 19, 2021 the facility provided the auditor with a copy of the completed investigations to confirm the date the investigations were closed. On December 19, 2021 the facility provided the auditor with investigations and documents for the three sexual abuse allegations. Two were closed unsubstantiated and one was closed unfounded, thus indicating that two required a sexual abuse incident review. On December 20, 2021 the auditor requested the two sexual abuse incident reviews. The PC advised that the facility had not completed the reviews as they believed that they were not required to be completed because the inmate victims were no longer at Tallahatchie. Further communication with the PC indicated that they would complete the sexual abuse incident reviews and provide the appropriate training to ensure that staff were aware of what is required under this standard. On December 22, 2021 the facility provided the auditor with documentation related to the two sexual abuse incident reviews and a training sign in sheet. The documentation was incomplete with pages missing from the sexual abuse incident reviews and information missing on what the training covered, as such the auditor requested additional documentation. On December 28, 2021 the facility provided the complete sexual abuse incident reviews. Both reviews were completed on December 20, 2021. One investigation was completed in August and the other in October, thus indicating they were completed but not within the required 30 day timeframe. The auditor indicated that the facility would need to conduct a subsequent training related to this standard and the timeframe requirements, regardless of whether the inmate is no longer at the facility. On January 4, 2022 the facility provided the auditor with the additional training requested. The facility conducted a training on January 3, 2022 with the PCM, Assistant Warden and facility investigator related to sexual abuse incident reviews. The training included the requirements under this standard as well as the requirements under agency policy. Based on the documentation provided, this standard has been corrected.

Facility Characteristics

Tallahatchie is a privately operated state prison under the authority of CoreCivic, located at 19351 US Highway 49 North, in Tutwiler, Mississippi. CoreCivic's purpose is to help government better the public good. The mission of CoreCivic is to help government better the public through: CoreCivic Safety, CoreCivic Community and CoreCivic Properties. CoreCivic Safety is described as operating safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community is described as delivering proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties is described as offering innovative and flexible real estate solutions that provide value to government and the people they serve. Tallahatchie is a medium security facility that houses adult male and female inmates. The facility holds inmates for the United States Marshall Service (USMS), the Justice Prisoner Alien Trans System, the South Carolina Department of Corrections, the Vermont Department of Corrections and the Tallahatchie County Sheriff's Office. Tallahatchie CCF is located in Tallahatchie County, approximately 90 miles southwest of Memphis, Tennessee. The facility has a total capacity of 2800. The average daily population over the previous twelve months was 1542. On the first day of the on-site portion of the audit the population at the facility was 1383. The age range of the facility's population is 18-72 years of age. The average length of stay for inmates at the facility is approximately 145 days.

The facility employs 297 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of the 2021 staffing plan indicates that each shift has a shift supervisor as well as pod control and housing officers. Additional officers are assigned to other areas to include intake, recreation, medical, escort, rover and control to assist with monitoring. The facility employs 27 contractors and has 24 active volunteers.

Facility Description

The facility comprises seven building and is equipped with reflective mirrors and video monitoring that alleviate blind spots and assist with supervision and monitoring. PREA posters and painted information, including reporting information and advocacy information was observed throughout the facility. The below describes the basics of the facility.

Administration – This area contains numerous offices, including the Warden's office.

Commissary – Open area with tables and supplies/goods.

Education – The space contains offices and classrooms with desks and chairs.

Food Services – Consists of a closed kitchen that is utilized for storage, a dining area and a functional kitchen. The dining area is currently utilized for storage as inmates eat within the housing units. The kitchen comprises necessary elements to feed over 1500 inmates, including kettles, grills, ovens, a food preparation area, a dish room, coolers, freezers and dry storage. The restroom is equipped with a solid door for privacy.

Health Services – There are two medical spaces. The one medical area consists of a waiting area, dental, medical records and examination rooms. All inmate restroom has a solid door for privacy and medical records also has a solid door. The examination rooms have a solid door with a security window that allows for confidentiality. The second medical area has a trauma room, exam room, a pharmacy, dental and six suicide observation/medical isolation cells. It also has two waiting areas with benches. The examination rooms have solid doors with security windows and the inmate restroom has a solid door for privacy. The suicide observation/medical isolation cells contain a bed, sink, toilet and shower. The shower is enclosed and has a curtain for privacy and the cell door is solid with a security window. Most inmate records are electronic; however the few paper files are behind locked doors.

Intake – Contains holding cells, offices and an open area with tables and computers. Strip searches are conducted in the showers which have a door with expanded metal and lattice type material. Holding cells are equipped with toilets but have curtains for privacy.

Laundry – The laundry consists of two areas, one contains only washers and dryers and the other contains washers, dryers and a folding table. The larger laundry area has a restroom with a solid door.

Library – The facility has two libraries. Both have a general library and law library. Both are open with tables, chairs and shelves of books.

Maintenance – Small enclosed areas. The restroom has a solid door for privacy.

Mental Health – Comprises staff offices with solid doors and windows.

Recreation – Both indoor and outdoor. There is one main outdoor recreation area and each housing unit has building has its own smaller outdoor recreation area. The smaller recreation areas consist of a basketball court and a weight area while the main outdoor recreation area encompasses a soccer field, basketball court and weight area. The main outdoor recreation area has a restroom with half wall barriers for privacy. The indoor recreation area is a large open gymnasium with a basketball court. The restroom has half walls with shroud barriers for privacy.

Religious Services – There are two chapel spaces. Both are open with chairs.

Visitation – Open area with tables, chairs, vending machines and no contact booths. The restroom has a solid door for privacy and the strip search area is located behind a door with a security window.

Vocation – This area contains a computer class and a carpentry class. The restroom has a door with a security window as well as half walls with privacy barriers.

Warehouse – Open area with shelves and supplies/goods.

D and E housing units are identical and include six pods, with three pods per area. An officer's station is located outside the pods. Each pod is two tiered with a dayroom on the first tier. The dayroom contains tables, stools, televisions and phones. Cells are double bunked with shelves, stools, a toilet and sink. Cell doors are solid with a security window. Showers are outside of the cell and are single person with half walls and additional curtain privacy barriers. One shower in the unit has an extended curtain for transgender inmates.

F housing unit contains six pods with an officer's station in the center. Each pod has a dayroom with tables, stools, televisions and telephones. Cells are double bunked with a stool, shelf, toilet and sink. Cells doors are solid with a security window. Each pod has a single shower with a curtain for privacy.

G and H housing units have the same physical layout and have six pods, with three pods per area. An officer's station is located outside the pods. Each pod is two tiered with a dayroom on the first tier. The dayroom contains tables, stools, televisions and phones. Cells are double bunked with shelves, stools, a toilet and sink. Cell doors are solid with a security window. Showers are outside of the cell and are single person with half walls and lattice type metal material or are metal enclosed with privacy curtain barriers.

J, M, N and O have an identical layout. The entrance to the units is through a hallway with multipurpose rooms, a medical room and an inmate restroom with a solid door. Each building has three pods. An officer's station and a unit managers office can be found outside the pods. Each pod is two tiered with a dayroom on the first tier that is equipped with tables, stools, televisions and phones. Cells are double

bunked with shelves, stools, a toilet and a sink. Cell doors are solid with a security window. Showers are outside of the cell and are single person with curtains for privacy.

Q housing unit units are open bay. The units are not being utilized therefore they are just large open areas with restrooms. The showers have curtains and the toilets have half wall barriers with curtains for privacy.

Unit	Capacity	Style	Inmate Population
D-6	64	Double Occupancy	General Population
D-7	40	Double Occupancy	General Population
D-8	64	Double Occupancy	General Population
D-9	48	Double Occupancy	General Population
D-11	40	Double Occupancy	General Population
E-1	40	Double Occupancy	General Population
E-2	64	Double Occupancy	General Population
E-3	48	Double Occupancy	General Population
E-4	64	Double Occupancy	General Population
E-5	40	Double Occupancy	General Population
F-K	12	Double Occupancy	Jail – Females
F-L	12	Double Occupancy	Jail
F-M	12	Double Occupancy	Jail
F-N	12	Double Occupancy	Jail
F-O	12	Double Occupancy	Jail
F-P	12	Double Occupancy	Jail
G-10	40	Double Occupancy	General Population
G-12	48	Double Occupancy	General Population
G-13	40	Double Occupancy	General Population
G-14	40	Double Occupancy	General Population
G-15	48	Double Occupancy	General Population
G-17	40	Double Occupancy	General Population
H-16	40	Double Occupancy	Segregated Housing
H-18	40	Double Occupancy	Segregated Housing
H-19	48	Double Occupancy	Segregated Housing

H-20	40	Double Occupancy	Segregated Housing
H-21	40	Double Occupancy	Segregated Housing
H-23	48	Double Occupancy	Segregated Housing
J-A	120	Double Occupancy	General Population
J-B	120	Double Occupancy	General Population
J-C	120	Double Occupancy	General Population
M-A	120	Double Occupancy	General Population
M-B	120	Double Occupancy	General Population
M-C	120	Double Occupancy	General Population
N-A	120	Double Occupancy	Vacant
N-B	120	Double Occupancy	Vacant
N-C	120	Double Occupancy	Vacant
O-A	120	Double Occupancy	General Population
O-B	120	Double Occupancy	General Population
O-C	120	Double Occupancy	General Population
Q-A		Open Bay	Closed
Q-B		Open Bay	Closed

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Human Rights Policy Statement
4. 14-2AA PREA Pamphlet

5. Inmate Handbook
6. PREA Zero Tolerance Policy Acknowledgement
7. PREA Coordinator Position Description
8. CoreCivic Organizational Chart
9. Letter from the Warden Related to the PREA Compliance Manager
10. Facility Organizational Chart

Interviews:

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

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: 14-2 Sexual Abuse Prevention and Response as well numerous other documents to supplement the policy. These include the Human Rights Policy Statement, the inmate handbook and the PREA pamphlet. 14-2 Sexual Abuse Prevention and Response states on page 4 that CoreCivic has mandated zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the strategies on preventing, detecting and responding to such conduct and includes definitions of prohibited behavior. The policy address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policy address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policy address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy and supporting documentation are consistent with the PREA standards and outlines the agency's approach to sexual safety. All CoreCivic staff are required to sign a PREA zero tolerance policy acknowledgment which states the zero tolerance policy, directs staff on their requirements in reporting and methods of reporting, states that all allegations will be aggressively investigated and lists the definitions of sexual abuse and sexual harassment.

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PC is the Senior Director of PREA Programs and Compliance. The PC reports to the Vice President of Operations Administration. The PC's position description states that the Senior Director develops, implements and oversees company policies and procedures in complying with the standards of the Prison Rape Elimination Act (PREA). Additionally, it states that the Senior Director manages the company's compliance efforts, reporting requirements and audit processes related to PREA. The PC has 68 PREA Compliance Managers that report to him. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that at any given time there are approximately 68 PCM including those from Community Corrections. He stated that the PREA Office consists of two individuals, himself and a Director that coordinates PREA investigations. The PC indicated that they have quarterly training sessions with the PCMs via skype and that he travels to facilities for audits and training sessions. He further stated that the PREA staff are in contact with facilities daily on investigations and audit issues.

115.11 (c): The facility has designated the Assistant Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart as well as the letter from the Warden confirm that the Assistant Warden is responsible for PREA compliance and that she reports to the Warden. The interview with the PREA Compliance Manager indicated she has sufficient time to coordinate the facility's

PREA compliance. She stated that she has been handling PREA for a long time and that she is good at multitasking.

Based on a review of the PAQ, PREA policy, the agency's organization chart, the facility's organizational chart, the PREA pamphlet, the inmate handbook, the PC position description, the Human Rights Policy Statement, the zero tolerance acknowledgment and information from the interviews with the PC and PCM, this standard appears to be compliant.

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ as well as the letter from the PCM indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates.

The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.

115.12 (b): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ as well as the letter from the PCM indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.

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

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.13 (a): 14-2 Sexual Abuse Prevention and Response, page 8 addresses the agency's staffing plan development. Specifically, it states that the facility, in coordination with CoreCivic Facility Support Center (FSC), shall develop an annual staffing plan that provides for adequate levels of staffing to protect inmates/detainees against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based off of 1904 inmates. The facility employs 297 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of the 2021 staffing plan indicates that each shift has a shift supervisor as well as pod control and housing officers. Additional officers are assigned to other areas to include intake, recreation, medical, escort, rover and control to assist with monitoring. During the tour the auditor observed that mirrors and cameras were installed throughout the facility to alleviate blind spots and supplement monitoring. Additionally, the auditor observed that staff were present in each housing unit and in common areas. Staffing levels appeared to be adequate to monitor and protect the inmate population. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan that the plan provides adequate staffing levels to protect inmates from sexual abuse. The Warden stated that the facility has a plan and the plan has ample staff available to protect inmates, witness any issues and to be available for inmates to report concerns. The Warden stated the staffing plan is documented in Human Resources and through the Corporate level. The interview with the Warden confirmed that the staffing plan follows American Correctional Association standards and that it complies with all relevant state guidelines. The Warden indicated that the contract with their client has certain staffing requirements and that the custody of the inmate and the number of inmates is included in the staffing plan. The Warden further stated that the plan includes more staff during waking hours and times of programs and

movement. The Warden further stated that each shift has a supervisor and that all the required components under this provision are considered in the plan. The facility checks for compliance with the staffing plan through daily staffing rosters and staffing roster analysis. The interview with the PCM confirms that all the required components are included in the staffing plan and that as a large facility the staffing is excellent.

115.13 (b): 14-2 Sexual Abuse Prevention and Response, page 9 states that the PCM shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. The PAQ indicated that there were no deviations from the staffing plan and there are never deviations from the staffing plan. The interview with the Warden indicated that any deviations would be documented by the Shift Supervisor on the staffing roster and that it would be sent to the staff member on call and the Director.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 14-2 Sexual Abuse Prevention and Response, page 8 states that the facility PCM will complete the 14-21 Annual PREA Staffing Plan Assessment and forward it to the Warden/Facility Administrator for review. Upon completion of the Warden/Facility Administrator's review, the 14-21 Annual Staffing Plan Assessment will be forwarded to the FSC PREA Coordinator. Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technology; and the resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on December 11, 2020 by the PCM, Warden, PC and Vice President. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. Previous reviews of the staffing plan were completed in December 2019 and December 2018. The PC confirmed he is consulted regarding any assessments of, or adjustment to the staffing plan. He stated he is consulted annually or when there has been a signification change that would require re-evaluation of the plan.

115.13 (d): 14-2 Sexual Abuse Prevention and Response, page 8 indicates that intermediate level and/or upper level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrences of such rounds shall be documented as unannounced rounds or "PREA Rounds" in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where inmates/detainees are permitted. Additionally, it states that employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of the documentation of five randomly selected dates confirms that unannounced rounds were conducted by in the housing units on both shifts. Interviews with three intermediate-level or higher-level supervisors indicated that they make unannounced rounds and that they document the rounds in the log book and on the daily shift report. All three staff indicated that they ensure staff do not notify one another that they are making rounds by switching up their times and locations and not going the same route every day. Staff indicated that rounds are not completed on a systematic basis.

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

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

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

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

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

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

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

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

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

115.15 (d)

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

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
4. CoreCivic Policy 9-5 Searches of Inmates
5. Search Procedures Facilitators Guide

6. Staff Training Records

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. 14-2 Sexual Abuse Prevention and Response, page 15 as well as 9-5 Searches of Inmates, page 3, indicates that cross gender inmate/detainee strip searches shall not be conducted except in exigent circumstances or when performed by medical practitioners. 9-5 Searches of Inmates specifically states that the strip search shall be conducted by employees of the same sex as the inmate/resident being searches except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration (NTA). Security staff shall be trained on how to conduct cross-gender stirp searches. Additionally, page 2 states that visual inspections of body cavities may be conducted when reasonable suspicion exists that an inmate/resident may have secreted contraband in the rectum and/or vagina, upon approval of the Shift Supervisor. The Shift Supervisor will designate two correctional staff of the same gender as the inmate/resident to perform the visual inspection.

115.15 (b): 14-2 Sexual Abuse Prevention and Response, page 15 states that pat searches of female inmates/detainees by male staff are prohibited except in exigent circumstances. The facility shall not restrict female inmate/detainee access to regularly available programming or out of cell opportunities in order to comply with this provision. 9-5 Searches of Inmates, page 2 states that conducting frisk/pat searches of female inmates/residents by male staff is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility as authorized by the Shift Supervisor or above. Any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process Form 5-1B Notice to Administration. Security staff shall be trained in how to conduct cross gender frisk/pat down searches. The PAQ indicated that there have been zero cross-gender pat searches of female inmates in the previous twelve months. The facility does not document same gender searches and as such there was no documentation to review as there were no documented instances of cross-gender pat searches of female inmates.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does not house female inmates and as such any documentation of cross gender pat down searches of female inmates would not apply. 14-2 Sexual Abuse Prevention and Response, page 15 states that whenever a cross gender pat search of a female inmate/detainees, cross gender body cavity search of any inmate/detainee, or a cross gender stirp search of any inmate/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B. Additionally, 9-5 Searches of Inmates, page 2 and 3 state that any occurrences of such frisk/pat searches shall be

documented in the 5-1 Incident report administration process using Form 5-1B Notice to Administration and any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration. There were no searches of this kind and as such no documentation was available for review.

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 14-2 Sexual Abuse Prevention and Response, page 16 states that inmates/detainees may shower, perform bodily function, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell/living quarter checks. Additionally, it states that staff of the opposite gender are required to announce their presence when entering an inmate/detainee housing unit. Where a large housing unit is broken into several individual smaller units such as pods, cell-blocks, dorms, etc. the staff member must announce as he/she enters each of the smaller units. The interviews with staff confirm that all twelve believed that inmates have privacy when opposite gender staff when showering, using the restroom and changing their clothes. Interviews with 40 inmates indicated that 33 have privacy from opposite gender staff when they shower, use the restroom or change their clothes. Six stated that staff can view them when they conduct checks and come through the shower area or walk past their cell. During the tour the auditor observed that all housing units have privacy in the shower via shower curtains, lattice type material with privacy curtains, doors with expanded metal and/or half walls with privacy curtains. The auditor observed that cell doors were solid with security windows and afforded adequate privacy for inmates using the toilet and changing their clothes. Additionally, restrooms in common areas were equipped with solid doors and/or half walls with privacy barrier curtains. All twelve staff interviewed stated that opposite gender staff announce prior to entering housing unit and 24 of the 40 inmates interviewed indicated opposite gender staff announce when entering housing units. During the tour the auditor heard the cross gender announcement made when entering each of the housing units.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 14-2 Sexual Abuse Prevention and Response, pages 16-17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities state that the facility shall not search or physically examine a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status. If the inmate/detainee's genital status is unknown, it may be determined during conversation with the inmate/detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with twelve staff indicated that four were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with the two transgender inmates indicated that one believed she had never been searched for the sole purpose of determining their genital status. The other inmate stated that she was searched a few times during intake and she believed there was no other reason to be searched other than for the purpose of determining genital status.

115.15 (f): 9-5 Searches of Inmates, page 1, states that security staff shall be trained in how to conduct searches of transgender and intersex inmates while page 2 states that security staff shall be trained in how to conduct cross gender frisk/pat down searches. 14-2 Sexual Abuse Prevention and Response, page 17 and 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 4, states that all searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. A review of the Search Procedures

Facilitator Guide indicates that staff are trained to conducting frisk searches on both male and female inmates through the instruction on hair, clothing, and body. Staff are instructed to utilize the blade of the hand for breast and crotch no matter the gender of the inmate. During the search training staff watch a video that demonstrates proper search techniques. Staff also practice with a same sex partner after instruction. A review of seventeen staff training records indicated that all seventeen had received the search training during the annual PREA training. Seven of the twelve staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender inmates.

Based on a review of the PAQ, 14-1 Sexual Abuse Prevention and Response, 9-5 Searches of Inmates, 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, Search Procedures Facilitator Guide, staff training records, observations made during the tour to include shower curtains, half walls with privacy curtains, lattice type material or expanded metal doors, solid doors, cell doors with security windows, the opposite gender announcement as well as information from interviews with random staff, random inmates and transgender and intersex inmates indicate this standard appears to be compliant.

Recommendation

While the facility complies with this standard, the auditor highly recommends that the facility re-train staff on the policy prohibiting staff from searching or examining a transgender or intersex inmate for the sole purpose of determining their genital status. Additionally, while all staff were documented with training on cross gender searches and searches of transgender inmates, four staff advised they never received the training. The auditor highly recommends that staff be re-trained on the search training through the PRC search video in the upcoming annual training.

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

115.16 (a)

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. TTY Phone Memorandum
4. Magnifying Sheets Memorandum
5. PREA What You Need to Know Video Memorandum
6. Language Line Service, Inc.
7. Inmate Handbook - Spanish

Interviews:

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

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take appropriate steps to ensure that inmate/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and response to sexual abuse and sexual harassment. Specifically it indicates that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. The policy further elaborates and states that each inmate is screened at intake and any disabilities are noted. The Americans with Disabilities Act (ADA) Coordinator and Admission and Orientation (A&O) Case Manager ensures the inmates understands his rights under PREA. The PCM provided a memo indicating the TTY phone is available at the facility in main medical. Memos were also provided that indicated the facility provides magnifying sheets when applicable and that the "PREA What You Need to Know" video is available with subtitles. The interview with the Agency Head Designee indicated the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates with disabilities. He stated that the agency maintains a comprehensive contract with Language Line and some

facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those inmates who are blind. Interviews with six disabled inmates indicated that three received information in a format that they could understand. One inmate indicated he did not receive any information and one stated that the video was shown outside of the door where he was located and other inmates were talking so he could not hear it. During the tour the auditor observed that PREA information was posted in each housing unit and in common areas. The information was available in large print and bright colors.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. The policy further states that the A&O Case Manager has each inmate read a documented printed in English. If the inmate has trouble reading it, he is provided an interpreter. The facility has staff that can interpret Spanish and Lionbridge. The agency has a contract with Language Line Services, Inc. to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The contract was signed on April 11, 2019. A review of the inmate handbook confirmed that PREA information is available in Spanish. The interview with the Agency Head Designee indicated the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates with disabilities. He stated that the agency maintains a comprehensive contract with Language Line and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those inmates who are blind. Interviews with four LEP inmates indicated that two received information in a format that they could understand. During the tour the auditor confirmed that PREA information was posted in each housing unit and in common areas. The information was in both English and Spanish.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility will not rely on inmates/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first responder duties or the investigation of the inmate/detainee's allegation. The PAQ indicated the facility documents the limited circumstances in individual cases where inmate interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with twelve staff indicated that five were aware of a policy that prohibited the use of inmate interpreters, translator, readers or other types of assistants for sexual abuse allegations. Interviews with the ten disabled and LEP inmates confirmed that none had an inmate translator utilized.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, the memos from the PCM, the contract with Language Line Service, Inc., the inmate handbook in Spanish,

observations made during the tour to include the PREA signage as well as interviews with the Agency Head Designee, random staff, inmates with a disability and LEP inmates indicates that this standard appears to require corrective action. While the facility has a policy and appropriate materials to provide inmates with equal access, the procedures for the equal opportunity are not being implemented. Half of the disabled and LEP inmates that were interviewed indicated they did not receive information in a format that they could understand. Further review of documentation corroborated information from the interviews in that three of the five LEP inmate PREA education files reviewed were not adequate (one was not completed at all and two signed English forms) and two of the four disabled inmate PREA education files indicated that they were not documented with any education. Thus this standard requires corrective action.

Corrective Action

The facility will need to ensure that they have adequate practice to ensure LEP and disabled inmates receive PREA education and information in a format that they understand. The facility will need to provide the video in Spanish for LEP inmates, or in the primary language of the inmate. The disabled inmates should be provided the video in an area that is free of distractions and noise and should have subtitles or another method for hearing impaired inmates. The facility will need to re-educate all current LEP and disabled inmates in the appropriate format. The facility will need to provide the auditor with information on the formats utilized and then corroborating documentation of the inmates' participation in the education.

Recommendation

While the interviews with staff do not indicate a deficiency under this standard, only five of the twelve staff were aware of the policy prohibiting inmates from being utilized at translators, interpreters, readers and other assistants. The auditor highly recommends that the facility provide training in the upcoming annual PREA training related to the policy, provision requirement and facility practice.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Process Memorandum
2. Staff Training Documentation

On December 7, 2021 the facility provided documentation related to standard 115.16. On December 7, 2021 the facility provided the auditor with additional training documents confirming that staff were advised that at intake (within 24 hours of arrival) each inmate/detainee is provided the PREA Prevent Detect and Respond pamphlet and the inmate handbook and signs the Orientation Acknowledgment form. The training further stated that within 30 days following the date of arrival, each inmate/detainee will meet with their Case Manager in person for comprehensive education. Additionally, the training directed staff that inmates who speak English or Spanish, but are unable to read, will have the initial information read to them by a staff member in their native language and when a staff member is not available they are to utilize the Language Line for translation. The facility provided copies of the distributed inmate education materials including the handbook and the pamphlet, in both English and Spanish. The facility also provided an updated inmate acknowledgement in Spanish. The auditor was also provided a process memo that was distributed to the inmates indicating that on Tuesdays and Thursdays at 9:00am the PREA video will be shown on channel 2 and 7 and the Spanish version of the PREA video will be shown at 9:15am. Based on the updated process and information this standard has been corrected.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

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

115.17 (b)

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

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

6. Volunteer Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 14-2 Sexual Abuse Prevention and Response, page 4 states that to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates and who has: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?”, “Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated to have engaged in the activity described above?”, and “Has a substantiated allegation of sexual harassment ever been made against you?”. A review of personnel files for seven staff who were hired in the previous twelve months indicated that all had completed the Self-Declaration of Sexual Abuse/Sexual Harassment form. Additionally, all seven staff had a criminal background check completed prior to being granted entry into the facility. Additionally, a review of six contractor files confirmed that all six had a criminal background check completed prior to enlisting their services.

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

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-

2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. The policy further indicates that Consistent with federal, state, and local law, the facility shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information. (115.17 (c) (2)). The PAQ indicated that 128 people were hired in the previous twelve months and that 100% of those hired had a criminal background record check. A review of seven personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all prior institutional employers contacted. The interview with the Human Resource staff member confirmed that a criminal background check is conducted on all new employees and all contractors who may have contact with inmates prior to hiring or enlisting their services.

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

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. A review of eight staff hired over five year indicated that all eight had a background check completed at least every five years. Human Resource staff indicated that they utilize a company to conduct background checks. She stated an initial background check is completed prior to hire and then is subsequently done every four years. The staff member stated that the background check consists of a national criminal history query, driver license query and job verification. She further indicated that they keep a log of the background checks and it is reviewed once a month to determine which staff require the four year check.

115.17 (f): 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?”, “Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or

coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a substantiated allegation of sexual harassment ever been made against you?". The interview with Human Resource staff confirmed that these questions are included on the paperwork that is required to be filled out during the application process.

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

115.17 (h): 14-2 Sexual Abuse Prevention and Response, page 5 states that unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Human resource staff indicated that this information is not provided at the facility level but the corporate office may provide it.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) form, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that facility appears to meet this standard.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has acquired a new facility and/or made substantial expansion or modifications to existing facilities the last PREA audit.14-2 Sexual Abuse Prevention and Response, page 9 states that when designing or acquiring any new facility and in planning substantial expansion or modification to existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect inmates/detainees from sexual abuse. Considerations from modifications and renovations shall be documented on form 7-1B PREA Physical Plan Considerations. During the tour, the auditor did not observe any renovations, modifications or expansions, however the Warden indicate that the intake building was new construction in 2019. The Warden stated that they added appropriate staff to the area as well as cameras, mirrors, security doors and security gates in order to ensure the safety and security of the inmates while in the building, to include protection from sexual abuse. The interview with the Agency Head Designee indicated that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. He said new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms and any other areas where inmates may be in a state of undress. He indicated that blind spots are identified that can be corrected through video surveillance coverage. During acquisition, the staff making the site visit develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plan issues. At existing facilities, a form 7-1B is used to ensure PREA is considered when initiating a renovation/new construction.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 9 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on 7-1B PREA Physical Plant Considerations. A review of camera listings indicated that the facility has many cameras strategically located throughout housing, work, program and common areas. During the tour, the auditor observed video monitoring technology and mirrors in housing units and common areas. The interview with the Agency Head Designee indicated that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. He said that camera placement also takes

into consideration the privacy needs for cross gender viewing in areas like restroom and showers areas. Technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the PREA Coordinator. The Warden stated that when they update or install video monitoring technology they consider how the technology can be utilized to protect inmates from sexual abuse. He stated that video monitoring is utilized to minimize blind spots and spots where inmates can be attached and/or sexually abused.

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

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

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 13-79 Sexual Assault Response
4. Mutual Aide Agreement with the Tutwiler Police Department
5. Mutual Aide Agreement with the Tallahatchie County Sheriff's Office
6. Agreement with Merit Health Northwest Mississippi Regional Medical Center
7. Memorandum of Understanding with Region One Mental Health Center
8. Documentation of Forensic Medical Examinations

Interviews:

1. Interview with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while Tutwiler Police Department and the Tallahatchie County Sheriff's Department are responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. The Mutual Aide Agreements with the Tutwiler Police Department and the Tallahatchie County Sheriff's Office confirm that each agency will assist one another with manpower and equipment during an emergency or exigent circumstance. Interviews with staff indicate that eleven of the twelve knew and understood the agency's protocol on obtaining usable physical evidence. Additionally, nine of the twelve staff stated they knew that the facility investigator and/or the PCM were responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful inmates. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 14-2 Sexual Abuse Prevention and Response, page 28 states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate shall be adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside hospital. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. 14-02 Sexual Abuse Prevention and Response, page 23 states that the

facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PCM, facility investigator or ADO shall consult with law enforcement prior to transporting an inmate/detainee for an examination to be performed by SAFE or SANE. If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/SANE provider is not available, the examination may be performed by other qualified medical practitioners. The policy stated that SAFE/SANE are provided or coordinated by Merit Health Northwest Regional Medical Center (currently known as Northwest Mississippi Regional Medical Center NMRMC). An MOU with the Medical Center indicates that they provide needed emergency care and stabilization services. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. A review of investigations indicated there was one forensic exam completed in the previous twelve months at Greenwood Leflore Hospital. The PCM stated that Greenwood Leflore Hospital is the backup hospital to NMRMC. The interview with the staff member at NMRMC indicated that they have never provided a forensic medical examination and that they do not have SAFE/SANE. The auditor attempted to contact Greenwood Leflore Hospital multiple times but the staff did not return the voicemail during the interim report period.

115.21 (d): The PAQ indicated that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 14-02 Sexual Abuse Prevention and Response, page 23, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check List via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by Merit Health Northwest Regional Medical Center. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with Region One Mental Health states that they will respond to requests from the facility's Sexual Abuse Response Team for hospital accompaniment for facility inmates. The PCM confirmed that inmates would be provided a victim advocate to accompany them during the forensic medical examination if he/she requests one. She stated that they have an MOU with Region One Mental Health Center and that they are also currently working with the MSCASV for services as well. The PCM stated that Region One Mental Health is a qualified community organization and the MSCASV is the local rape crisis center. The interviews with the four inmates who reported sexual abuse indicated that two contacted their families after the allegation and two were not allowed to contact anyone. None of the inmates interviewed had an allegation that involved a forensic medical examination.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals14-02 Sexual Abuse Prevention and Response, page 23, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check List via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by Merit Health Northwest Regional Medical Center (currently known as Northwest Mississippi Regional Medical Center NMRMC). Additionally, page 28 states that the investigating entity shall attempt to make available to the

victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The MOU with Region One Mental Health states that they will respond to requests from the facility's Sexual Abuse Response Team for hospital accompaniment for facility inmates. The PCM confirmed that inmates would be provided a victim advocate to accompany them during the forensic medical examination if he/she requests one. She stated that they have an MOU with Region One Mental Health Center and that they are also currently working with the MSCASV for services as well. The PCM stated that Region One Mental Health is a qualified community organization and the MSCASV is the local rape crisis center. The interviews with the four inmates who reported sexual abuse indicated that two contacted their families after the allegation and two were not allowed to contact anyone. None of the inmates interviewed had an allegation that involved a forensic medical examination.

115.21 (f): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while Tutwiler Police Department and the Tallahatchie County Sheriff's Department are responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. The Mutual Aide Agreements with the Tutwiler Police Department and the Tallahatchie County Sheriff's Office confirm that each agency will assist one another with manpower and equipment during an emergency or exigent circumstance.

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

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, the Mutual Aide Agreements, the Agreement with Merit Health Northwest Mississippi Regional Hospital, the MOU with Region One Mental Health Center, documentation of forensic medical examinations and information from interviews with random staff, the SAFE/SANE, the PREA Compliance Manager and inmates who reported sexual abuse indicates that this standard appears to be compliant.

Recommendation

While an inmate was documented with a forensic medical examination at Greenwood Leflore Hospital, there was a lot of confusion among facility staff and hospital staff. The auditor highly recommends that the facility reevaluate their process to ensure they have the appropriate information related to where inmates are transported for forensic medical examinations and to ensure inmates are provided examinations by SANE/SAFE when possible.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

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

115.22 (b)

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

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

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 5-1 Incident Reporting
4. Memorandum of Understanding with Tutwiler Police Department
5. Investigative Reports

Interviews:

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

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, page 26 states that the Warden/Facility Administrator shall ensure that an administrative investigation and/or a referral for a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA and I incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. The PAQ indicated that there were 34 allegations of sexual abuse and/or sexual harassment reported within the previous twelve months, all 34 which resulted in an administrative investigation. A review of documentation indicated there were 32 allegations, seventeen of which had both a criminal and an administrative investigation initiated and fifteen that had just an administrative investigation initiated. 31 of the 33 investigations were completed during the on-site audit period, while all seventeen criminal investigations were closed during the on-site portion of the audit. The interview with the Agency Head Designee indicated it is CoreCivic policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. He stated that all administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. The Agency Head Designee indicated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations and referred to the appropriate law enforcement officials (or by contracted partner investigative entity). He stated that the staff work with outside law enforcement, upon request.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 14-2 Sexual Abuse Prevention and Response, page 22 states that the Administrative Duty Office (ADO) staff, the PCM, Warden/Facility Administrator or designed on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegations does not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state or local law. The MOU with the Tutwiler Police Department states that Tutwiler Police Department will assist with and provide investigative services on allegations of sexual assault. The MOU further states that Tutwiler PD will follow a uniform evidence protocol, developed appropriate for youth, where applicable and will offer victims access to forensic medical examinations and will provide a victim advocacy services as outlined under this provision. The MOU also confirms that Tutwiler PD is required to forward a copy of the investigative report to the facility for retention. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea. A review of investigative reports and referrals indicted that seventeen allegations were referred for criminal investigation. The interview with the facility investigator confirmed that all allegations of sexual abuse and sexual harassment are reported to an agency with the legal authority to conduct criminal investigations.

115.22 (c): The MOU with the Tutwiler Police Department states that Tutwiler Police Department will assist with and provide investigative services on allegations of sexual assault. The MOU further states that Tutwiler PD will follow a uniform evidence protocol, developed appropriate for youth, where applicable and will offer victims access to forensic medical examinations and will provide a victim advocacy services as outlined under this provision. The MOU also confirms that Tutwiler PD is required to forward a copy of the investigative report to the facility for retention. A review of CoreCivic's website

confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea.

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

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reports, MOU with Tutwiler PD, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
  ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

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

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from

sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service training on the following: the CoreCivic zero tolerance policy for sexual abuse and sexual harassment, how to fulfill employee responsibilities for sexual abuse and sexual harassment prevention, detention, reporting and response in accordance with policy, the right of the inmates/detainees to be free from sexual abuse and sexual harassment, the right of the inmates/detainees and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting including locations, situations and circumstances in which sexual abuse may occur, signs of victimization and common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates/detainees, how to communicate effectively and professionally with inmates/detainees including LGBTI and gender non-conforming inmates/detainees and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA Overview Facilitator Guide confirmed that the staff training includes information on: the agency's zero tolerance policy (page 3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 4-19), the inmates' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages 19-20), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 21-23), the common reactions of sexual abuse and sexual harassment victims (page 24-26), how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). A review of seventeen staff training records indicated that 100% of those reviewed received PREA training. Interviews with twelve random staff confirmed that all twelve have received PREA training. Staff confirmed all required topics were covered in the training. Staff indicated that the training included scenarios, who to notify, first responder duties and signs to look for related to sexual abuse. All twelve staff stated that they receive training annually at in-service.

115.31 (b): The PAQ indicated that training is tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of inmate/detainee shall receive additional training. A review of the PREA Overview Facilitator Guide confirmed that the dynamics of sexual abuse in a confinement setting section included information for male facilities and female facilities. Additionally, the common reactions of victims of sexual abuse and sexual harassment includes information on male and female inmates.

115.31 (c): The PAQ indicated that 324 or over 100% of the staff have been trained or retrained in PREA requirements. Further clarification indicated that there have been 27 staff that were trained that are no longer employed at the facility. The PAQ stated that staff are trained annually and that in between

trainings staff are provided information during staff recalls, staff briefings and staff meetings. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service. A review of documentation confirmed that fourteen of the seventeen staff had received PREA training in 2020 and 2021. The three that did not receive the training both years were new hires and have not been employed longer than a year.

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

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

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 14-2 Sexual Abuse Prevention and Response, pages 7 state that and volunteers and contractor who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in policy. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. The PAQ indicated that 51 volunteers and contractors had received PREA training, which is equivalent to 100%. The facility further stated that there were no active volunteers since the pandemic and as such no volunteers have been trained since that time. A review of a sample of six contractor and five volunteer training records indicated that all eleven had received PREA training. The interviews with the contractors confirmed that they had received information on the facility's sexual abuse and sexual harassment policies.

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

PREA Zero Tolerance Policy Acknowledgment form. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. A review of a sample of six contractor and five volunteer training records indicated that all eleven had received PREA training. The interviews with the contractors confirmed they received in-person classroom training and that they also were provided PREA cards, posters and the policy that they had to read and sign off on. Both staff confirm that they were informed of the agency's zero-tolerance policy and how and who to report to.

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

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

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

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

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

115.33 (d)

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

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

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

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 14-2 Sexual Abuse Prevention and Response, page 12 states that upon arrival at the facility for intake, each inmate/detainee shall be provide with information regarding sexual abuse prevention and reporting. Policy indicates that inmates/detainees are provide the 14-2AA PREA Pamphlet at intake in either English or Spanish. A review of the pamphlet confirms that it contains facts about sexual abuse, information on inmate's rights, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. The review of the inmate handbook confirmed that pages 21-24 includes information on the zero tolerance policy, inmate's rights, how to report, confidentiality, and what to do if abused, including the victim advocacy contact information. Inmates are required to sign an acknowledgment of the receipt of the PREA pamphlet/video form once received. The PAQ indicated that 4129 inmates received information on the zero tolerance policy and how to report at intake. The is equivalent to less than 100% of inmates who received this information at intake. A review of 28 inmate files of those received within the previous twelve months indicated that 21 received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook, the PREA pamphlet and view the PREA video upon arrival. The interview with the intake staff confirmed that inmates receive information on the agency's sexual abuse and sexual harassment policies. The staff stated that inmates have posters in the unit and fliers next to the phones. The staff further stated that the inmates are provided a pamphlet with the information, including how to report and what numbers they have to call. They are also informed of information related to confidentiality. 31 of the 40 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies.

115.33 (b): 14-2 Sexual Abuse Prevention and Response, pages 12-13 state that within 30 days following intake, either in person or through video, inmates/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and

intervention: CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents, threats or suspicion of sexual abuse or sexual harassment; an inmate/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents; inmate/detainee on inmate/detainee sexual abuse; employee on inmate/detainee sexual abuse; availability of policies regarding sexual abuse prevention/intervention; and available emotional support services to include internal and external victim advocates and community support services. The policy states that comprehensive education includes a copy of the 14-2AA PREA pamphlet, the facility handbook and viewing of the PREA video. A review of the PREA video confirmed that it provides inmates information on the zero tolerance policy, how to report, rights to medical and mental health care, definitions, how to stay safe and information on the investigation. A review of the pamphlet confirms that it contains facts about sexual abuse, information on inmate's rights, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. The review of the inmate handbook confirmed that pages 21-24 includes information on the zero tolerance policy, inmate's rights, how to report, confidentiality, and what to do if abused, including the victim advocacy contact information. The PREA posters also indicate the facility has a zero tolerance for sexual abuse and sexual harassment and provides direction on how to report to the PREA hotline. Additionally, the PREA poster contains information on how to contact the crime tips line and the victim advocacy services (Region One Mental Health). The PAQ indicated that 2529 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100%. A review of 28 inmate files indicated that 21 had received comprehensive PREA education within 30 days of intake. The interview with the intake staff indicated that inmates are provided the pamphlet and then watch the PREA video that informs them on their rights under PREA. The video discusses the federal law, how to report information and what is covered under PREA. The video and pamphlet are available in English and in Spanish and then medical also determines during pre-screening if the inmate has any additional needs related to obtaining PREA education. The staff member stated that inmates are provided this information within 24 hours of arrival. 23 of the 40 inmates interviewed indicated that they were informed of their right to be free from sexual abuse, ways to report sexual abuse and their right to be free from retaliation for reporting sexual abuse. Most inmates indicated they received the information the same day they arrived. The auditor was provided an overview of the comprehensive education process. Staff indicated that education is completed in the holding cells and that a television is placed in front of the holding cells and inmates are required to watch the video.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. The interview with the intake staff indicated that inmates are provided the pamphlet and then watch the PREA video that informs them on their rights under PREA. The video discusses the federal law, how to report information and what is covered under PREA. The video and pamphlet are available in English and in Spanish and then medical also determines during pre-screening if the inmate has any additional needs related to obtaining PREA education. The staff member stated that inmates are provided this information within 24 hours of arrival. During documentation review the auditor did not identify any inmates arrived at the facility prior to 2013. However, a review of 34 total inmate files, including the 28 that arrived in the previous twelve months indicated that nine are not documented with receiving comprehensive PREA education.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading

skills. 14-2 Sexual Abuse Prevention and Response, page 12 states that the facility shall provide resident education at intake in formats accessible to all residents including those who are disabled or LEP. 14-2AA PREA pamphlet is available in English and Spanish. Policy states that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. Policy also states that interpreters shall be provided (for LEP inmates) who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. A review of four disabled inmate training records indicated that two had received comprehensive PREA training and signed that they understood the training. Interviews with six disabled inmates indicated that three received information in a format that they could understand. One inmate indicated he did not receive any information and one stated that the video was shown outside of the door where he was located and other inmates were talking so he could not hear it. A review of documentation for five LEP inmates indicated that two had signed the acknowledgment form in English and two did not have any documented PREA education. Interviews with four LEP inmates indicated that two received information in a format that they could understand.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees shall sign indicating acknowledgment that they received intake information and the 30 day comprehensive education and this documentation shall be maintained by the facility in the inmate/detainee file. A review of 28 inmate files of those received in the previous twelve months indicate that 21 were documented to have received PREA education. It should be noted that the seven that did not have documentation of the training had not completed the training.

115.33 (f): The PAQ as well as 14-2 Sexual Abuse Prevention and Response, page 13 indicate that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. A review of documentation indicates that the facility had PREA information via the PREA pamphlet, inmate handbook and PREA posters. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA pamphlet, the inmate handbook, the PREA posters, the PREA video, a review of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. While the agency has a policy related to inmate education and some of the inmates were documented with the education, the information reviewed paired with interviews with inmates indicate that education is not being provided as required under this standard. Of the 28 inmate files reviewed of those that arrived in the previous twelve months, seven were not documented with being provided initial information at intake and the comprehensive PREA education. Additionally, a review of six additional inmate files indicated that two were not documented with any PREA education. Two of the inmates not documented with comprehensive PREA education were disabled inmates, and as such they were not provided information in a format that they could understand. Additionally, only one of the five LEP inmate files reviewed included a signed acknowledgment form in the inmate's primary language (two were in English and two did not have any education documented). Interviews with inmates confirmed that seven did not receive comprehensive PREA education and five of the ten disabled inmates did not receive

PREA education in a format that they could understand. Additionally, the auditor was provided an overview of the comprehensive education process which included placing a television in front of the holding cell upon arrival.

Corrective Action

The facility should revamp their current education process. Placing a television in front of a holding cell upon arrival is not an effective method for inmate education. The facility will need to develop a new process that requires facilitation from staff to ensure inmates are receiving the information. The facility will need to ensure all current inmates have received comprehensive PREA education. All future incoming inmates will need to receive PREA education at intake and the comprehensive PREA education within 30 days. Documentation will need to be maintained of these trainings. The facility will need to review the current policy on inmate education and educate staff on the requirements under this provision. The facility will need to provide the auditor with monthly lists of inmates arriving at the facility over the corrective action period. The auditor will then select a sample to review to ensure appropriate PREA education was provided. Additionally, all LEP inmates should be provided PREA education in the inmate's primarily language and the inmate should sign an acknowledgment in a language they can understand. Further, all disabled inmates should be provided education in a format that they understand. All current LEP and disabled inmates should be re-educated on PREA in the accessible formats. Documentation of this education will need to be forwarded to the auditor.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Staff Training Documentation
2. List of Inmates that Arrived During the Corrective Action Period
3. Process/Training Memorandum Related to Inmate Education
4. Spanish Acknowledgment Form
5. Inmate Education Documentation

On September 17, 2021 the auditor received training documentation related to standard 115.33. Staff were trained on June 28, 2021 on the inmate education requirements and signed an attendance roster. The facility provided the auditor with a list of inmates that arrived during the corrective action period. The auditor selected 31 inmates from the list to review their initial education and comprehensive education documents. On December 7, 2021 the facility provided the auditor with additional training documents confirming that staff were advised that at intake (within 24 hours of arrival) each inmate/detainee is provided the PREA Prevent Detect and Respond pamphlet and the inmate handbook and signs the Orientation Acknowledgment form. The training further stated that within 30 days following the date of arrival, each inmate/detainee will meet with their Case Manager in person for comprehensive education. Additionally, the training directed staff that inmates who speak English or Spanish, but are unable to read, will have the initial information read to them by a staff member in their native language and when a staff member is not available they are to utilize the Language Line for translation. The facility provided copies of the distributed inmate education materials including the handbook and the pamphlet, in both English and Spanish. The facility also provided an updated inmate acknowledgement in Spanish. The auditor was also provided a process memo that was distributed to the inmates indicating that on Tuesdays and Thursdays at 9:00am the PREA video will be shown on channel 2 and 7 and the Spanish version of the PREA video will be shown at 9:15am. On December 14, 2021 and December 22, 2021 the facility provided the auditor with documentation for the requested 31 inmates as well as documentation that was

missing during the on-site portion of the audit. With regard to the missing documents during the on-site portion of the audit, four were provided comprehensive PREA education after the on-site portion of the audit, including one LEP inmate. Eight of the inmates were released in June and July prior to the facility initiating corrective action. With regard to LEP inmates, the facility provided five examples showing the inmate signature on the Spanish acknowledgment form (including the one that was missing during the on-site portion of the audit. Of the 31 inmates selected, three were missing comprehensive education, however all three were released and the facility could not provide them with it for correction. An additional fifteen inmates that arrived in October 2021 were selected for review. All fifteen were documented with comprehensive PREA education within 30 days. On January 4, 2021 the facility provided the auditor with an assurance memo that all current inmates at Tallahatchie had received comprehensive PREA education and Spanish forms are provided to LEP inmates. Thus based on the information provided, the facility has corrected this standard.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

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

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 14-2 Sexual Abuse Prevention and Detection, page 6 states that in addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences. This training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of documentation indicated that two facility staff are documented with the NIC specialized investigator training. The interview with the facility investigator indicated he received specialized training related to conducting sexual abuse investigations in a confinement setting. He stated that training went over interviewing victims, crime scene and evidence collection, when to use Miranda and Garrity and that it went over a lot of the PREA regulations and how to conduct an investigation.

115.34 (b): 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. The PAQ indicated there are two facility staff that conduct investigations and that both have completed the NIC training. A review of documentation indicated that two facility staff are documented with the NIC specialized investigator training. The interview with the facility investigator indicated he received specialized training related to conducting sexual abuse

investigations in a confinement setting. He stated that training went over interviewing victims, crime scene and evidence collection, when to use Miranda and Garrity and that it went over a lot of the PREA regulations and how to conduct an investigation. He further confirmed that the training included all the required components under this provision.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two investigators or 100% have completed the required training. A review of documentation indicated that two facility staff are documented with the NIC specialized investigator training.

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

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

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic 14-2 Sexual Abuse Prevention and Response
3. PREA Medical and Mental Health Care: A Trauma Informed Approach
4. Medical and Mental Health Staff Specialized Training Records (14-2A PREA Training Acknowledgment Specialized Training)
5. Medical and Mental Health Training (14-2A CoreCivic PREA Training Acknowledgment)
6. Memorandum from the PREA Compliance Manager

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 14-2 Sexual Abuse Prevention and Response, page 7 states that in addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time qualified health care professionals and qualified mental health care professionals, shall receive specialized training. Training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to response effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations of sexual abuse and sexual harassment. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual

abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ did not indicate the number of medical and mental health staff with specialized training, however the PCM stated that and that 77% received the specialized training. A review of seven medical and mental health training records indicated that that all six had received the specialized training. The interviews with medical and mental health care staff indicated that only one of the three had received specialized training. Further information indicated that they had received PREA training, however they did not know it was specialized training. The four staff stated they had training on all the required elements under this provision. Staff stated that the training included steps to take, how to report, red flags and how to identify/signs of sexual abuse, proper protocol and evidence collection.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. The memo from the PCM confirmed that facility medical staff do not conduct forensic examinations. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 14-2 Sexual Abuse Prevention and Response, page 7 states that medical and mental health staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file. A review of six medical and mental health training records indicated that all six were documented with the specialized training.

115.35 (d): 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. It also states that contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. A review of six medical and mental health staff training documents indicated that 100% of those reviewed completed the staff PREA training.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Medical and Mental Health Care: A Trauma Informed Approach curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicates that this standard appears to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

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

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

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

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

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

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

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

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

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

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

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

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 14-2B Sexual Abuse Screening Tool
4. Inmate Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

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

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. This includes inmates/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception and inmates/detainees who have been returned from court, or other leave status. Interviews with 34 inmates that arrived within the previous twelve months indicated that 27 were asked the risk screening questions the first day. The interviews with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and/or abusiveness. During the tour, the auditor observed the intake area. The risk screening is conducted in the center of intake at a long table with chairs on both sides. Staff are on one side while inmates are on the other side which does not provide appropriate privacy when asking confidential/sensitive information.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 14-2 Sexual Abuse Prevention and Response, page 10 states that inmates/detainees shall be assessed within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. The PAQ stated that 26,136 inmates that arrived in the previous twelve months, were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours. The auditor asked for clarification on this number as it did not match up with the reported numbers of those that arrived in the previous

twelve months, however updated information was not provided. A review of 28 inmate records confirmed that all 28 were screened within 72 hours, however two of the files reviewed did not have complete risk screenings completed (only two questions were asked). Further review determined that the two inmates were from the jail and that there was a possible issue with jail inmates not receiving the full risk screening protocol. Interviews with 34 inmates that arrived within the previous twelve months indicated that 27 were asked the risk screening questions the first day. The interviews with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and/or abusiveness within 72 hours of arrival at the facility.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 14-2 Sexual Abuse Prevention and Response, page 10 states that screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening process. A review of 14-2B indicates that the assessment includes fifteen questions for victimization history/risk and six questions for predatory history/risk. The bottom of the form also has a section where staff can indicate whether there are any discrepancies between the interview and the file review.

115.41 (d): 14-2 Sexual Abuse Prevention and Response, pages 10-11 indicate that the intake screening shall consider, at minimum, the following criteria to assess inmates/detainees for risk of victimization: whether the inmate/detainee has a mental, physical or developmental disability; the age of the inmate/detainee; the physical build of the inmate/detainee; whether the inmate/detainee has previously been incarcerated; whether the inmate/detainee's criminal history is exclusively nonviolent; whether the inmate/detainee has prior convictions for sex offenses against an adult or child; whether the inmate/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the inmate/detainee has previously experienced sexual victimization; the inmate/detainee's own perception of vulnerability and whether the inmate/detainee is detained solely for civil immigration purposes. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. A review of 14-2B indicates that the assessment includes fifteen questions for sexual victimization factors, including; prior victimization, threats or if ever approached for sex/sexual assault while incarcerated, perception of vulnerability, LGBTI preference/identity, disabilities, prior sex offense, prior incarcerations, prior criminal history (including if only non-violent offenses) and the staff's opinion of the inmate's appearance including stature, LGBTI, vulnerability and age. The questions related to predatory history/risk include prior conviction of sexual assault, disciplinary sanctions for prior sexual assault, current or prior sex convictions, current or prior violence offenses and gang affiliation. The interview with the staff responsible for risk screening indicated that the risk screening is yes or no questions and well as a file review. The staff member stated that the risk screening includes questions about medical and mental health issues, prior incarcerations, violent or non-violent crimes, any prior sexual abuse and if the inmate has been approached for sex. The staff member stated they review the information against the file and check for any discrepancies. The staff member further stated the risk screening considers the inmates disciplinary history related to sexual abuse, their current charges and any convictions for sex offenses or violent offenses.

115.41 (e): 14-2 Sexual Abuse Prevention and Response, page 11 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. The interview with the staff responsible for risk screening indicated that the risk screening is yes or no questions and well as a file review. The staff member stated that the risk screening includes questions about medical and mental health issues, prior incarcerations, violent or non-violent crimes, any prior sexual abuse and if the inmate has been approached for sex. The staff member stated they review the information against the file and check for any discrepancies. The

staff member further stated the risk screening considers the inmates disciplinary history related to sexual abuse, their current charges and any convictions for sex offenses or violent offenses.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 14-2 Sexual Abuse Prevention and Response, pages 11-12 states that within a set period of time not to exceed 30 days from the inmate's arrival at the facility, a reassessment of the inmate/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. Additionally, policy states that the 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days. The PAQ indicated that 26,136 inmates entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. The auditor requested clarification regarding this number and the PCM indicated that 2137 inmates were reassessed within 30 days. This is less than the 2529 that arrived and previous twelve months and stayed for longer than 30 days. The interview with the staff responsible for risk screening confirmed that inmates are reassessed within 30 days of arrival and also anytime that additional information is received. Interviews with 34 inmates who arrived in the previous twelve months indicated that three were asked the risk screening questions on more than one occasion. A review of a sample of 28 inmate files indicated that fourteen inmates were reassessed within the 30-day timeframe. An additional three were completed but out of the 30 day timeframe. Additionally, during the review the auditor identified some concerns related to inconsistency and inaccurate information. On the initial risk screening certain information was documented and on the reassessment the information was marked different. These were questions that would not involve a change (i.e. prior sexual offense). This indicated to the auditor an issue that may involve training of staff.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 14-2 Sexual Abuse Prevention and Response, page 12 states that a reassessment shall also be completed when warranted, due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness. Additionally, policy states that following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. A review of the inmates who alleged sexual abuse indicated that one allegation was substantiated and required a reassessment. The auditor was not provided any documentation related to a reassessment of the inmate victim and inmate perpetrator. The interview with the staff responsible for risk screening confirmed that inmates are reassessed when warranted due to referral, request or incident of sexual abuse. The staff member further stated that inmates are reassessed within 30 days of arrival and also anytime that additional information is received. Interviews with 34 inmates who arrived in the previous twelve months indicated that three were asked the risk screening questions on more than one occasion.

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

115.41 (i): 14-2 Sexual Abuse Prevention and Response, page 11 states that the facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the inmate/detainee's detriment by staff or other inmate/detainees. Measures taken shall include, but are not limited to: screening interview shall be conducted with as much privacy as is reasonable given security and safety concerns; an inmate/detainee shall not be permitted to complete his/her own 14-2B form or utilize other assistance from other inmates/detainees to complete the form; inmates/detainees shall not be permitted access to files containing assessment forms belonging to other inmates/detainees; and electronic assessments access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff and staff with a need to know for the safe and secure operations of the facility. The interview with the PC confirmed that there is a policy that outlines who should have access to the inmate's risk screening assessment within the facility in order to protect sensitive information from exploitation. He stated that the risk assessment (14-B) or the partner agency risk assessment is secured in the inmate's file in the records office where it is controlled to only those who have a need to know, such as Case Managers and treatment personnel. He further stated that the assessments on the computers are protected by passwords that are not accessible by all staff. The PCM stated that risk screening information is accessible to Unit Team staff and the PCM. The staff who is responsible for the risk screening indicated that the information related to the risk screening is accessible to case managers and unit managers.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-2B Sexual Abuse Assessment Tool, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. While the agency has a policy and procedure related to the risk screening, documentation review and interviews indicated that the policy is not being followed appropriately. A review of 28 inmate records confirmed that all 28 were screened within 72 hours, however two of the files reviewed did not have complete risk screenings completed (only two questions were asked). Further review determined that the two inmates were from the jail and that there was a possible issue with jail inmates not receiving the full risk screening protocol. Interviews with 34 inmates that arrived within the previous twelve months indicated that 27 were asked the risk screening questions the first day. Interviews with 34 inmates who arrived in the previous twelve months indicated that three were asked the risk screening questions on more than one occasion. A review of a sample of 28 inmate files indicated that fourteen inmates were reassessed within the 30-day timeframe. An additional three were completed but out of the 30 day timeframe. Additionally, during the review the auditor identified some concerns related to inconsistency and inaccurate information. On the initial risk screening certain information was documented and on the reassessment the information was marked different. These were questions that would not involve a change (i.e. prior sexual offense). This indicated to the auditor an issue that may involve training of staff. A review of the inmates who alleged sexual abuse indicated that one allegation was substantiated and required a reassessment. The auditor was not provided any documentation related to a reassessment of the inmate victim and inmate perpetrator. Additionally, during the tour, the auditor observed the intake area. The risk screening is conducted in the center of intake at a long table with chairs on both sides. Staff are on one side while inmates are on the other side which does not provide appropriate privacy when asking confidential/sensitive information.

Corrective Action

The facility will need to train their staff on policy and procedure related to the risk screening. The facility will need to develop a new process to ensure the risk screening is conducted in a private/confidential setting. The facility will need to provide the auditor with a memo with the updated process as well as signed training documents for the necessary staff. During the corrective action period the facility will need to provide the auditor with lists of inmates that arrive at the facility. The auditor will then select inmates to review their initial risk screening and their reassessment. Additionally, the auditor will need a list of all

reported sexual abuse allegations along with their outcome and any corresponding sustained reassessments for inmate victims and perpetrators.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Staff Training Documentation
2. List of Inmates that Arrived During the Corrective Action Period
3. Process/Training Memorandum Related to Assessments and Reassessments
4. Inmate Assessments and Reassessments
5. Sexual Abuse Allegation Spreadsheet

On September 17, 2021 the auditor received training documentation related to standard 115.41. Staff were trained on June 28, 2021 on the initial risk assessments, 30 day reassessment and reassessments when warranted requirements and signed an attendance roster. The facility provided the auditor with a list of inmates that arrived during the corrective action period. The auditor selected 31 inmates from the list to review their initial risk screening and reassessment. On December 14, 2021 the facility provided additional training documentation, including the process memo outlining the responsibilities for the intake screening. The memo stated that within 24 hours of arrival the inmate/detainee is to be screened by a Case Manager using the CoreCivic 14-2B and within 30 days the Case Manager meets in person with each inmate/detainee and completes the 30 day reassessment using the 14-2B. The memo further stated that the Classification Coordinator and Chief of Unit Management send out weekly alerts pulled from the electronic system advising Case Managers of reassessment that need to be completed. On December 22, 2021 the facility provided documentation related to the 31 inmates selected for review. All 31 had an initial risk assessment completed within 72 hours while seventeen had a 30 day reassessment completed in the appropriate timeframe. Three additional inmates had a 30 day reassessment completed over the 30 days and ten did not have a 30 day reassessment completed. Six of the inmates were released prior to the 30 day timeframe. The other four inmates had subsequently been released and as such the facility was unable to complete their 30 day reassessment to correct the issue. The facility provide initial assessments and reassessments for an additional fifteen inmates that arrived in October. All fifteen had an initial risk screening completed within the 72 hours and seven had a reassessment completed within 30 days. Six of the eight inmates that had not had a reassessment were released prior to the 30 day timeframe. The remaining two were subsequently released and as such the facility could not conduct a reassessment to correct the issue. A large portion of the inmates that arrived at the facility were United States Marshall Service inmates and stayed for a short period of time. A review of the sexual abuse allegation spreadsheet indicated there were zero substantiated allegations of sexual abuse and as such no reassessments were required. Thus based on the documentation provided the facility has corrected this standard.

Standard 115.42: Use of screening information

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
4. Human Rights Policy Statement
5. Sample of Housing Determination Documents
6. 14-9A Transgender/Intersex Assessment and Treatment Plan Form
7. Transgender/Intersex Inmate Biannual Reviews
8. Memorandum on Transgender Inmate Shower Times
9. LGBTI Inmate Housing Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

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

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and

programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Page 14 further states that the facility shall use the information from the 14-2B Sexual Abuse Screening Tool or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments in the consideration of housing, recreation, work, program and other activities. The interview with the PREA Compliance Manager indicated that information is utilized to determine if any red flags come up during the screening and that if there are the Unit Manager will make the decision on where to house the offender and if there are any medical and/or mental health concerns that need addressed. The interview with the staff responsible for the risk screening indicated that they try not to house violent and non-violent inmates together. She stated that if an inmate has a sexual offense they try to place the inmate with a low custody inmate that matches up with the inmate. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together. Additionally, they did not work together and did not attend education/programs together to the extent possible.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility shall make individualized case-by-case determinations about how to ensure the safety of each inmate/detainee. The interview with the staff responsible for the risk screening indicated that they try not to house violent and non-violent inmates together. She stated that if an inmate has a sexual offense they try to place the inmate with a low custody inmate that matches up with the inmate. A review of inmate files indicated each inmate's housing is determined on based on their risk assessment and as such each housing determination is made on a case-by-case basis.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 14-2 Sexual Abuse Prevention and Response, page 14 states that in deciding whether to house a transgender/intersex inmate/detainee in a male or female unit, pod, cell or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 6 states that following identification of a transgender o intersex inmate/detainee at intake (or upon identification after intake), the inmate/detainee shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form. Additionally, page 8 sates that CoreCivic facilities shall not base housing placement decisions for transgender or intersex inmates/detainees solely on the identify documents or physical anatomy of the inmate/detainee. The interview with the PCM indicated that she is unsure about housing of transgender and/or intersex inmates because she has not dealt with any who have identified as transgender after the intake process. She did say that the inmates would be housed where they feel most comfortable and based on their needs. She confirmed that the inmates housing would be based on safety and security of the inmate as well as any security or management problems it may cause within the facility. Interviews with two transgender inmates indicated that one of the inmates was asked out how she felt about her safety and neither felt they were housed in a facility, unit or wing based on their gender identity. A review of housing documentation for the two transgender inmates indicated that only one had documentation related to a male/female housing determination.

115.42 (d): 14-2 Sexual Abuse Prevention and Response, page 14 indicates placement and programming assignments for each transgender or intersex inmate/detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced the inmate/detainee. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 7-8 state that a reassessment shall be completed any time that additional relevant information becomes

known or following any indicating of victimization or threats of safety experienced by the inmate/detainee. At minimum, SART shall consider the following in the reassessment: changes in the transgender inmate/detainee's housing preferences; variations in the inmate/detainee's medical or mental health status; safety/security of the inmate/detainee, other inmate/detainees, and/or facility staff; any threats to safety experienced by the inmate/detainee; continued availability of housing; and concerns documented by the facility. A review of two transgender inmate files indicated that neither had biannual reviews. One inmate had a review annually while the other inmate had recently identified in 2021 and only had one review. The interview with the PCM indicated that transgender and intersex inmates are reviewed annually and that with COVID the reviews are behind. The interview with the staff responsible for risk screening confirmed transgender and/or intersex inmates are screened biannually for any threats to their safety.

115.42 (e): 14-2 Sexual Abuse Prevention and Response, page 14, indicates that transgender and intersex inmate/detainee gender self-identification of safety needs shall be given serious consideration in all housing and programming assignments. The Human Rights Policy Statement indicates on page 1 that CoreCivic policy includes protection for freedom of expression and identity, including freedom from discrimination or harassment based on race, religion, national origin, sex, gender, sexual orientation, disability or political views and freedom of personal grooming. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. Interviews with two transgender inmates indicated one inmate was asked about her safety.

115.42 (f): 14-2 Sexual Abuse Prevention and Response, page 17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 8 indicate that transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees. Facilities should adopt procedures that will afford transgender and intersex inmate/detainees the opportunity to disrobe, shower and dress apart from other inmate/detainees. The memo from the Warden states that transgender and intersex inmates have the opportunity to shower separately at 6:30am, 10:30am and 7:30pm. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are provided the opportunity to shower separately. The PCM stated transgender and/or intersex inmates would be able to shower during count while the other offenders are locked down. She stated that there is a memorandum that indicates the time and location of showers. The interviews with the transgender inmates indicated that both have been afforded the opportunity to shower separately. During the tour it was observed that all inmates are provided privacy while showering. All showers have curtains.

115.42 (g): 14-2 Sexual Abuse Prevention and Response, page 15 states that the establishment of a unit, pod or wing solely dedicated to the house of LGBTI and/or gender non-conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority. A review of housing assignments for five inmates who identified as LGBTI indicated that inmates were not assigned to one housing unit based on their sexual preference or gender identity. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that is contrary to CoreCivic policy to place LGBTI inmates together in one dedicated unit. He stated that housing decision are made at the facility level using the screening forms to assess risk. The interviews with the LGBTI inmates indicated that all five did not feel that they were placed in any specific housing unit based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, the Human Rights Policy Statement, a sample of housing determinations, 14-9A Transgender/Intersex Assessment and Treatment Plan Forms, Transgender/Intersex Inmate biannual reviews , the memo related to shower times, LGBTI inmate housing documents and information from interviews with the PC, PCM, staff responsible for the

risk screenings and LGBTI inmates, indicates that this standard appears to require corrective action. While the agency has a policy related to transgender and intersex inmates, a review of documentation and the interview with the PCM indicated that further training is required and that corrective action is needed related to provisions (c) and (d). The facility had two transgender inmates identified. Only one of the inmates had a housing determination documented and neither had biannual assessments completed. Additionally, the PCM stated that transgender and intersex inmates are only reviewed once a year.

Corrective Action

The facility will need to ensure that a male/female case-by-case housing determination is made for each transgender or intersex inmate. Because CoreCivic is unable to make the determination the auditor recommends that Tallahatchie contact their respective clients related to the gender identity review they should have completed prior to sending the inmate to Tallahatchie. The facility will then need to forward the missing housing determination to the auditor. If the client has not reviewed the inmate or does not have the appropriate documentation, Tallahatchie should include the information sent to the client asking that they review the inmates to determine if they should be housed at a male or female facility and well as their response, showing that the agency has done its due diligence and all it can under this provision. The facility will also need to ensure that transgender inmates are reviewed biannual as required in policy and under this provision. The facility will need to train appropriate staff on the requirement and their responsibility. The facility should then forward the auditor the biannual assessments completed during the corrective action period as well as the training documents for the staff.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Transgender Inmate Housing Determination Documentation
2. Transgender Inmate Biannual Assessments
3. Staff Training Documentation

On September 17, 2021 the auditor was provided documentation for standard 115.42. The facility provided the housing determination documentation for one of the identified transgender inmates. The determination was made by the client in 2017 and because the facility operates under a contract with the client the inmate would remain housed at the gender of the facility the client indicates. The inmate's housing at the facility was based on the risk screening and was individualized. On December 9, 2021 the facility provided training documents confirming that staff were trained on December 8, 2021 on the management of transgender inmates. The training went over staff's responsibilities under CoreCivic's policy as well as information on completing the transgender/intersex assessment and treatment plan (14-9A form). The facility also provided the housing determination documentation and biannual assessment for the second transgender inmate. The inmate arrived on March 4, 2021 and had an individual housing determination made on March 20, 2021. The inmate was assessed on March 4, 2021 and December 12, 2021. Based on the documentation provided, this standard has been corrected.

Standard 115.43: Protective Custody

115.43 (a)

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

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

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

115.43 (b)

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

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

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

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

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management
4. Housing Assignments of Inmates at High Risk of Victimization

Interviews:

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

Site Review Observations:

1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in segregation due to their risk of victimization. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. During the tour the auditor did not observe any inmates in restrictive housing due to their risk of victimization.

115.43 (b): 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmates/detainees placed in restrictive housing pursuant to section I.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. The interview with the staff who supervise inmates in segregated housing indicated that any inmates placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible once the administration advises that he/she is cleared. The staff member stated that if the facility restricts any programs or privileges that the restrictions would be documented. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (c): 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. He stated that the inmate would be removed as quickly as possible and that there is not an average length of time. He further stated that they would take into consideration safety and appropriate housing for the inmate and then get him/her moved as quickly as possible, even if that entails moving the inmate to different unit. The interview with the staff member who supervise inmates in segregated housing indicated that the inmate would only be involuntarily segregated until they could find alternative means of separation. The staff member stated that an inmate would typically not remain in involuntary segregated housing for more than three weeks. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

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

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The interview with the staff member who supervise inmates in segregated housing confirmed that inmates would be reviewed by the committee every week.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 10-1 Special Management/Restrictive Housing Unit Management, housing assignments for inmates at high risk of victimization, observations from the facility tour related to segregation areas as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

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

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 14-2 Sexual Abuse Prevention and Response, page 18 states that inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the inmate handbook, PREA signage and PREA pamphlet also advises inmates they can report to any staff, volunteer, contractor, chaplain, medical or mental health staff, by telling a family member, friend or anyone else outside the facility who can report on their behalf by calling the facility, by calling the PREA hotline number (789789789#), by calling the number posted to an agency outside of the facility (you can remain anonymous upon request) and by reporting on someone's behalf or someone at the facility can report on their behalf. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. The auditor attempted to test the hotline; however it was not functional during the on-site portion of the audit. Interviews with 40 inmates confirm that all were aware of at least one method to report sexual abuse and/or sexual harassment. Most inmates indicated that they would tell a staff member or call the hotline. Interviews with twelve staff confirm that inmates have multiple ways to report sexual abuse and sexual harassment allegations. Staff stated that inmates can tell any staff member, report through the hotline or tell a family member or friend who can report for them.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. 14-2 Sexual Abuse Prevention and Response, pages 18-19 state that each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public entity or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request. The policy indicates that the outside reporting entity for the facility is a 24 hour toll free number. Further discussion with the facility PCM indicated that the outside reporting mechanism is

MSCASV. The PREA pamphlet advises inmates they can report by calling the number posted to an agency outside of the facility (you can remain anonymous upon request). During the tour, it was observed that information pertaining on how to report PREA allegations was posted in all housing units, however there was no information related to the outside reporting mechanism. The interview with the PCM indicated that the outside reporting is MSCASA. She stated that they have information on their tablet related to the reporting mechanism and that the information is also posted. The PCM further stated that the MSCASA Director would then email or call the facility related to the allegation and then they would discuss it and investigate it. The MSCASA is a local rape crisis center and as such is not appropriate to serve as the outside reporting mechanism due to the requirement under law to keep identifying information about victims confidential. Interviews with 40 inmates indicates that ten were aware of an outside reporting mechanism, four of which indicated the outside mechanism was their family. 24 of the 40 stated they were aware they could report anonymously. The PAQ indicated that inmates are not detained solely for civil immigration purpose at Tallahatchie however, 14-2 Sexual Abuse Prevention and Response does indicate one page 19 that inmates/detainees detained solely for civil immigration purposes shall be provided information on how to contact relevant consular offices and relevant officials at the Department of Homeland Security.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 14-2 Sexual Abuse Prevention and Response, page 19 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. A review of additional documentation to include the inmate handbook, PREA signage and PREA pamphlet also advises inmates they can report to any staff, volunteer, contractor, chaplain, medical or mental health staff, by telling a family member, friend or anyone else outside the facility who can report on their behalf by calling the facility, by calling the PREA hotline number (789789789#), by calling the number posted to an agency outside of the facility (you can remain anonymous upon request) and by reporting on someone's behalf or someone at the facility can report on their behalf. Interviews with 40 inmates confirmed that 36 knew they could report verbally or in writing to staff and 35 knew they could report through a third party such as their family, friends or an attorney. Interviews with twelve staff indicate that inmates can report sexual abuse and sexual harassment made verbally, in writing, anonymously and through a third party and they would document verbal allegations in a written report as soon as possible. A review of fourteen investigations indicated that nine allegations were verbally reported to staff. All verbal allegations were documented in a written report by staff.

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the inmate handbook, PREA signage, the Ethics line signage, the PREA pamphlet, observations from the facility tour related to PREA posters and other posted information and interviews with the PCM, random inmates and random staff, this standard appears to require corrective action. While the facility indicated that MSCASV is the outside reporting mechanism, this is the local rape crisis center and as such is not appropriate to serve as the outside reporting mechanism due to the requirement under law to keep identifying information about victims confidential. Interviews with 40 inmates indicates that ten were aware of an outside

reporting mechanism, four of which indicated the outside mechanism was their family. Additionally, the hotline was inoperable during the on-site portion of the audit.

Corrective Action

The facility will need to identify a new outside reporting mechanism that is able to provide services under provision (b). The facility will need to update their documents and educate all current inmates on the outside reporting mechanism. The auditor will need the updated information as well as the documentation confirming all inmates were educated on the mechanism. The facility will need to coordinate with the auditor to test the outside reporting mechanism as well as to re-test the hotline functionality.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Outside Reporting Entity Posters
2. Photos of Posters
3. Town Hall Meeting Information/Documentation
4. Victim Advocacy Memorandum
5. Letter to Tutwiler Police Department
6. Certified Mail to Tutwiler Police Department

On November 29, 2021 the auditor was provided documentation for standard 115.51. The facility provided photos of posted information related to the outside reporting mechanism. Twelve photos were provided, however only one photo had a mailing address to the Tutwiler Police Department as a reporting mechanism. Additionally, the one posting did not indicate Tutwiler Police Department was the outside reporting entity and did not advise inmates that they could remain anonymous upon request. On December 9, 2021 the facility provided the auditor with documentation confirming that they conducted town hall meetings with the inmate population on September 23, 2021. During the town hall staff educated inmates on the outside reporting mechanism. The inmates were advised they could report to the Tutwiler Police Department by writing to PO Box 176, Tutwiler, MS 38963 and that the address would be posted on the inmate phones in the pods. On December 7, 2021 the facility provided the reporting poster that was placed on the inmate phones in the pods. The poster had the directions on how to report to the internal reporting line, how to contact the victim advocate and how to contact the external reporting mechanism. The poster included the address to Tutwiler Police Department and stated that reports can be made anonymously and all reports will be referred for investigation. On December 21, 2021 the facility provided the auditor with a copy of a letter mailed to Tutwiler Police Department (sent December 16, 2021) testing the functionality of the outside reporting mechanism. On January 4, 2021 the facility provided a copy of the letter and envelope showing the letter was received. The facility was not provided a response from Tutwiler Police Department related to the letter. The PCM did indicate that Tutwiler Police Department did previous state they had received letters in the past and forwarded the letters to the facility. While the facility was unable to provide confirmation that the outside reporting entity method was functional, the auditor did contact Tutwiler Police Department and confirmed that inmates can report by writing letters and they would either investigate or provide the information back to the facility. Based on provided documentation and information this standard has been corrected.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (b): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (c): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (d): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (e): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated

by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (f): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (g): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

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

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

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

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Memorandum of Understanding with Region One Mental Health Center
4. PREA Pamphlet

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. 14-2 Sexual Abuse Prevention and Response, page 9 states that inmates shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. A review of documentation indicated that inmates were provided with a mailing address and telephone number to Region One Mental Health (1724 Cheryl Street, Clarksdale, MS 28614 and 1-888-404-8002). During the tour the auditor observed advocacy information posted at the facility. The auditor tried to contact Region One Mental Health via the inmate phones. The auditor was unable to reach anyone as the telephone number was not operational. Interviews with 40 inmates indicated fifteen were provided telephone numbers and a mailing address to a local rape crisis center. Eleven of the inmates stated they were provided the information but didn't know anything else about the organization, while four of the inmates indicated they believed that any contact with these services anytime and that it would be confidential and free. Interviews with inmates who reported sexual abuse indicated that none of the four were provided mailing addresses or telephone numbers and two were allowed to contact their family after their allegation. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part

of the provision does not apply. The auditor attempted to contact Region One Mental Health staff but never received a return call. The auditor also tried to contact Region One Mental Health via email and the email was returned undeliverable.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 14-2 Sexual Abuse Prevention and Response, page 9 state that inmates shall be informed, prior to giving them access, of the extent to which such communication shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. If further states that consistent with applicable laws and emotional support services provider policy, information shall be reported to the facility without the inmate's consent, in the event the inmate 1)threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or 4) threatens the security of the facility or to escape. The PREA pamphlet states that calls made to community agency/rape crisis center PREA hotline numbers are not monitored or recorded. Information that is provided to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. It continues by stating that there are, however, certain situations and conditions under which staff from these agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. A review of documentation indicated that inmates were provided with a mailing address and telephone number to Region One Mental Health (1724 Cheryl Street, Clarksdale, MS 28614 and 1-888-404-8002). During the tour the auditor observed advocacy information posted at the facility. The auditor tried to contact Region One Mental Health via the inmate phones. The auditor was unable to reach anyone as the telephone number was not operational. Interviews with 40 inmates indicated fifteen were provided telephone numbers and a mailing address to a local rape crisis center. Eleven of the inmates stated they were provided the information but didn't know anything else about the organization, while four of the inmates indicated they believed that any contact with these services anytime and that it would be confidential and free. Interviews with inmates who reported sexual abuse indicated that none of the four were provided mailing addresses or telephone numbers and two were allowed to contact their family after their allegation. The auditor attempted to contact Region One Mental Health staff but never received a return call. The auditor also tried to contact Region One Mental Health via email and the email was returned undeliverable.

115.53 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. 14-2 Sexual Abuse Prevention and Response, page 8 states that CoreCivic shall maintain, or attempt to enter into, Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide inmates with confidential emotional support services. Additionally, it states that all MOUs must be reviewed and approved by the CoreCivic Legal Department prior to signature. The facility and Legal shall maintain copies of the MOUs. A review of documentation indicated the facility has an MOU with Region One Mental Health which was signed on July 22, 2020.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the 14-2AA PREA Pamphlet, observations from the facility tour related to posted information and information from interviews with random inmates and inmates who reported sexual abuse this standard appears to require corrective action. While the facility has a current MOU with Region One Mental Health, the auditor was unable to confirm services. Additionally, during the tour the auditor attempted to test the inmate phone to reach

Region One Mental Health however the phones were inoperable. As such, inmates did not have reasonable access to victim advocacy services.

Corrective Action

The facility will need to repair the issue with the telephone system. Once repaired the facility will need to contact the auditor in order to develop a plan to ensure the number to Region One Mental Health is operational. Additionally, the auditor will continue to contact Region One Mental Health during the corrective action period to confirm services.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Phone Functionality/Testing Documentation
2. Victim Advocacy Memorandum
3. Reporting Poster

On November 1, 2021 the auditor was provided documentation for standard 115.53. The facility provided documentation to show that the victim advocacy line was operational, however the documents were in a format that could not be opened by the auditor. On December 7, 2021 the PC provided the auditor with the documentation in an accessible format. The documentation illustrated that phones were tested throughout the facility on twelve separate occasions. The documentation confirmed that the victim advocacy phone line was functional during all twelve calls. On December 9, 2021 the facility provided a memo (in both English and Spanish) that was provided to the inmate population (through bulletin boards, GTL and town halls) that indicated that inmates can contact the hotline between the hours of 9:00am and 5:00pm and that the caller's phone number is not retained so the call is anonymous and confidential. Additionally, the memo stated that the number is an external victim advocate and the service are free of charge and available 24 hours a day, seven days a week. The memo advised the address for Region One Mental Health and also advised that any information reported would be subject to reporting under mandatory reporting laws. On December 7, 2021 the facility provided the reporting poster that was placed on the inmate phones in the pods. The poster had the directions on how to report to the internal reporting line, how to contact the victim advocate and how to contact the external reporting mechanism. The poster gave directions on how to dial the number from the inmate phones and also stated that all calls to the number are confidential and are not monitored or recorded. Based on the documentation provided, this standard has been corrected.

Standard 115.54: Third-party reporting

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated the method is through the agency website. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteer, and interested parties may report allegation of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-461-9330 or through www.CoreCivic.ethicspoint.com. A review of the agency's website confirms that third parties can report via the phone number of the weblink above. The agency website and third party reporting information and direction is found at https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any

retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 14-2 Sexual Abuse Prevention and Response, page 19 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Interviews with twelve staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, regarding any retaliation for reporting and related to any staff neglect. All twelve staff stated they would immediately report the information to their direct supervisor.

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

115.61 (c): 14-2 Sexual Abuse Prevention and Response, page 19 states that unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outline in policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmates/detainees of their professional duty to report and the limitations of confidentiality. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated that they inform inmates of the limits of confidentiality and their duty to report. All four staff stated they are required to report any incidents of sexual abuse and/or sexual harassment. Two of the four staff stated they had inmates report sexual abuse directly to them and that they immediately reported the information to security staff.

115.61 (d): 14-2 Sexual Abuse Prevention and Response, page 19 states that If an alleged victim is under the age of eighteen or is considered a vulnerable adult under a state or local vulnerable person's statue, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency or applicable contracting governmental agency. The interview with the PC indicated that each state has its own law and reporting requirements. In most of the facilities a notification to law enforcement and a partner agency triggers the notification to any other agency as required. The Warden stated that they report allegations to the client and/or corporate office but that he was unsure about any mandatory reporting requirements as they do not house inmates under the age of eighteen.

115.61 (e): 14-2 Sexual Abuse Prevention and Response, page 19 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Additionally, page 19 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. The interview with the Warden confirmed that all allegations are reported to the designated facility investigator. A review of investigative reports indicate that all allegations were reported initially to the facility investigator and then forwarded to the client and/or Tutwiler Police Department.

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

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 14-2 Sexual Abuse Prevention and Response, pages 19 and 21 state that when it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. The PAQ stated that there have been zero inmates were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee indicated that staff take immediate action when they learn that an inmate is subject to substantial risk of imminent sexual abuse. He stated staff would protect inmates by removing the inmate from the area and/or individuals where risk may be stemming from and an investigation would be immediately initiated. The Warden stated that they would review the inmates' housing, custody and placement in population to determine if his/her placement creates a problem. He further stated that they would make sure the inmates are adequately housed to protect them from any risk. The interviews with twelve staff confirmed that they would remove the inmate from the area. Most staff stated they would contact their supervisor as well.

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

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. The PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were sexually abused while confined at another facility.

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

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

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the inmate/detainee was previously confined at the facility, the facility shall record the name of the agency making the notification and any information that may assist in determining whether an investigation was conducted. If the allegation was not reported and/or not investigated facility staff shall initiate reporting and investigations procedures in accordance with policy. The incident shall be reported through the 5-1 incident report . The PAQ indicated there have been three inmates who reported to another facility that they were abused while housed at Tallahatchie. A review of fourteen investigative reports confirmed that two were reported from another facility. Both of these were investigated by Tallahatchie. The interview with the Agency Head Designee indicated that if an allegation was alleged to have occurred at another facility, the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was that an incident of sexual abuse allegedly occurred within the CoreCivic facility, both the partner agency and the investigative entity response for criminal investigation would be notified. The Agency Head Designee stated that there are examples of such allegations and that the most common examples are allegations inmates make during their intake process. He stated that the CoreCivic staff obtain as much information as possible from the inmate and provide this to the Warden at the other facility as part of the notification. The interview with the Warden indicated that they would immediately initiate an investigation. He stated the facility would work with the facility where the inmate is housed to get appropriate information for the investigation. He further stated they have had examples of this in the previous twelve months and that they were investigated.

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

Standard 115.64: Staff first responder duties

115.64 (a)

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

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. PREA Overview Facilitators Guide
4. 14-2C Sexual Abuse Incident Checklist
5. First Responder Card
6. Incident Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff
3. Inmates who Reported Sexual Abuse

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 14-2 Sexual Abuse Prevention and Response, page 21 states that upon learning of sexual abuse, the first security responder is required to complete the following; separate the alleged victim from the alleged abuse and when the alleged abuser is an inmate/detainee, he/she shall be secured in a single cell to facilitate the collection of evidence; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; ensure that the alleged victim is taken to the facility Health Services Department; and notify the highest supervisory authority on-site. Policy also states that while in the Health Services Department, and if the abuse occurred within a time period that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. Additionally, policy states that if the abuse occurred within a time period that allows for the collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. The PREA Overview Facilitators Guide confirmed that all staff are trained on first responder duties, including ensuring the victim does not shower, change clothes, use the restroom or consume fluids; notifying the highest ranking supervisor on site; securing the alleged perpetrator in a cell, file an incident report form, keep the information confidential, and secure the crime scene. An additional review of the Sexual Abuse Incident Check Sheet confirmed that first responder duties are listed on the checklist for staff to ensure they complete, if appropriate. The PAQ indicated that during the previous twelve months, there have been 20 allegations of sexual abuse. One of which required the first security staff member to separate the alleged victim and abuser and none that occurred within a timeframe that allowed for the collection of evidence. A review of fourteen investigative reports indicated that when applicable the victim and alleged perpetrator were separated with a housing change and/or facility transfer or staff was reassigned to a new post. Two of the allegations reviewed involved a need for immediate physical separation. Two of the allegations involved securing a crime scene and collecting evidence (one included DNA). Interviews with first responders indicated that they would separate the inmates, preserve and protect the crime scene, request the inmates not to take any action to destroy any physical and notify their supervisor. Three of the inmates who reported sexual abuse indicated that staff handled their allegation timely. Three indicated they were moved to a different housing unit from the other inmate and the fourth was against a staff member. All four indicated they were interviewed by the facility investigator and/or local police. One inmate said that he reported it to the hotline and nothing happened so he had to report it to staff a week later.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 14-2 Sexual Abuse Prevention and Response, page 21 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, and then shall notify security staff. The PAQ indicated that during the previous twelve months, there were 20 allegations of sexual abuse, none of which involved a non-security staff first responder. A review of documentation indicated that there was one inmate who reported the allegation to medical who immediately notified security staff. The inmate was subsequently moved to another housing unit to allow for separation.

Interviews with first responders confirmed that non-security first responders would notify the Captain or whoever was in charge, separate the inmates, if possible, and secure the scene. The non-security first responder further stated she would make sure the inmate went to medical and mental health. Interviews with random staff indicated that they would all separate the inmates and notify their supervisor. Over half indicated they would secure the scene and take the inmate victim to medical. A few indicated they would not allow the inmate to shower, wash, brush their teeth, etc.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitators Guide, the 14-2C Sexual Abuse Incident Checklist, staff First Responder Cards, a review of investigative reports and interviews with random staff, staff first responders and inmates who reported sexual abuse, this standard appears to be compliant.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 13-79 Sexual Assault Response Protocol
4. 13-79A Sexual Assault Response Protocol
5. 14-2C Sexual Abuse Incident Check Sheet
6. Memorandum on SART Institutional Plan

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. 14-2 Sexual Abuse Prevention and Response, page 20 states that in order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that shall include, but is not limited to; PCM and/or ADO, medical representative, security representative, mental health representative and victim services coordinator. The memo from the Warden indicated that the following staff make up the

facility SART; Chief of Unit Management, a registered nurse, the Chief of Security, a mental health counselor and the Health Service Administrator. 13-79 Sexual Assault Response Protocol details facility specific information, additional medical and mental health requirements, additional reporting requirements and facility victim support/counseling. Additionally, 13-79A Sexual Assault Response Protocol and 14-2C Sexual Abuse Incident Check Sheet contain the requirements for an allegation of sexual abuse as it relates to first responders, Health Services, Shift Supervisors, victim advocates, SANE/SAFE, investigators and the PCM. The memo related to the SART Institutional Plan identifies the staff members designated as part of the SART team as well as the initial steps involved following a PREA allegation. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response Protocol, 13-79A, 14-2C and the interview with the Warden, this standard appears to be compliant.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. Documentation indicated that Coffee CF is not

subject to collective bargaining. 14-2 Sexual Abuse Prevention and Response, pages 31-32 state that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreements or other agreements that limits the company's ability to remove alleged employee sexual abusers from contact with any inmate/detainee pending the outcome of an investigation or of a determination of whether to what extent discipline is warranted. The interview with the Agency Head Designee confirmed that CoreCivic has entered into and/or renewed collective bargaining agreements since August 20, 2012. He stated that the agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action.

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

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

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

115.67 (c)

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

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

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

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

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

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:

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

4. 14-2C Sexual Abuse Incident Check Sheet
5. 14-2D PREA Retaliation Monitoring Report

Interviews:

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

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that inmates/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates/detainees or staff. The PAQ indicated that the facility investigator is responsible for monitoring for retaliation.

115.67 (b): 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, it states that ADO staff, or the Warden/Facility Administrator will determine, on a case by case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other inmates/detainees is warranted. This determination will take into account the gravity and credibility of the allegation. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated for both inmates and staff who have reported allegations of sexual abuse, the agency provides monitoring on a 30/60/90 day period (longer if needed) to ensure no retaliation has occurred. He stated the reviews are documented on an attachment to the 14-2 policy. He stated the reviews take into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, evaluations, etc. for staff. He indicated that these reviews also occur for victims of sexual harassment/sexual abuse. Policies and practice prohibit retaliation for any reason and that they include this expectation in training with staff. He stated any violation would be acted upon accordingly. The interview with the Warden indicated the facility has a SART team and that they are involved in monitoring for retaliation and protecting the inmate(s) and staff. He indicated the facility informs staff and inmates that retaliation is not tolerated and that they would monitor the inmates for retaliation at designated intervals. The Warden stated that possible protective measures would include a housing change, a facility transfer, emotional support services, no inmate contact for staff and/or changing a staff members post. The staff responsible for monitoring indicated that it is his responsibility to monitor on several different things to make sure that there isn't any retaliation. The staff member stated the facility has the ability to change housing, transfer inmates from the facility, provide protective custody, put staff on administrative leave, terminate a staff for cause or reassign the staff to another area. The staff member further stated that he usually meets with the inmates weekly to check on them during the monitoring period and that he documents the status

checks on the monitoring form. Interviews with four inmates who reported sexual abuse indicated that two felt protected against retaliation. One inmate stated he didn't feel protected because other inmates were coming after his family and the other inmate stated that staff are inconsistent with their discipline. It should be noted that the auditor advised the investigator of the information provided from the inmate with regard to the threats to his family.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abut to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 14-2 Sexual Abuse Prevention and Response, pages 24-25 indicate that for at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates/detainees who reported sexual abuse and inmate/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Policy sates that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, policy states that for at least 90 days (30/60/90) following a report of sexual abuse the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are any changes that may suggest possible retaliation by inmates/detainees or other staff. All monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form. Retaliation monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports and reassignments. Additionally, emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. 14-2 also states that the facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the facility determines that the allegation is unfounded. The Warden indicated that if an allegation of retaliation was reported or suspected that they would investigate it and if it was found to be substantiated the individual would be held to the disciplinary procedures up to and including termination. The interview with the staff member who monitors for retaliation indicated he monitors any changes with the inmate or staff member, including disciplinary reports, changes in programming and housing, overall participation in activities and any changes in demeanor. The staff member stated he monitors for 90 days or sometimes longer depending on the situation. He indicated there is no maximum timeframe for monitoring and that if he suspected retaliation he would monitor as long as needed. A review of a sample of fourteen investigative reports indicated that nine required monitoring. Of the nine, four of the inmates were no longer at the facility for monitoring, three did not have any monitoring documented and two had 90 day monitoring completed.

115.67 (d): 14-2 Sexual Abuse Prevention and Response, page 24 states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. A review of a sample of fourteen investigative reports indicated that nine required monitoring. Of the nine, four of the inmates were no longer at the facility for monitoring, three did not have any monitoring documented and two had 90 day monitoring completed. The staff member who monitors for retaliation stated that he

usually meets with the inmates weekly to check on them during the monitoring period and that he documents the status checks on the monitoring form.

115.67 (e): 14-2 Sexual Abuse Prevention and Response, page 25 states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The interview with the Agency Head Designee indicated that this is handled as described in provision (b). He stated agency policies and practices prohibit retaliation for any reason and they include this expectation in training with staff. He stated any violations would be acted upon accordingly. The interview with the Warden indicated the facility has a SART team and that they are involved in monitoring for retaliation and protecting the inmate(s) and staff. He indicated the facility informs staff and inmates that retaliation is not tolerated and that they would monitor the inmates for retaliation at designated intervals. The Warden stated that possible protective measures would include a housing change, a facility transfer, emotional support services, no inmate contact for staff and/or changing a staff members post. He further stated that if an allegation of retaliation was reported or suspected that they would investigate it and if it was found to be substantiated the individual would be held to the disciplinary procedures up to and including termination.

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, investigative reports, 14-2Cs, 14-2Ds and interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation and inmates who reported sexual abuse, this standard appears to require corrective action. While the agency has a policy related to monitoring a review of a sample of fourteen investigative reports indicated that nine required monitoring. Of the nine, four of the inmates were no longer at the facility for monitoring and three did not have any monitoring documented.

Corrective Action

The facility will need to provide the auditor with a list of the sexual abuse allegations reported during the corrective action period along with the associated monitoring documents.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Monitoring Documentation
2. Investigative Reports
3. Staff Training Documentation

On September 27, 2021 the auditor was provided documentation for standard 115.67. The facility provided monitoring documentation for six inmates from March to July. Two were related to allegations that were reviewed during the on-site portion of the audit that documentation was not originally provided, one was for an allegation reported after the on-site portion of the audit and three the auditor could not connect to investigations that were reviewed (they may have been related to sexual harassment allegation that were not reviewed on-site). None of the provided documentation was for the sexual abuse allegations reported during the corrective action period (three incidents were identified, two which required corrective action). On December 19, 2021 the auditor received investigative reports and documentation for the three reported sexual abuse allegations. Two of the allegations were reported via a Warden to Warden notification and as such the inmate victims were no longer at Tallahatchie at the time of the reported sexual abuse and did not require monitoring. The third inmate reported the allegation

on September 7, 2021 and was released from custody on September 15, 2021 and as such the facility did not complete monitoring for retaliation. While none of the three required monitoring based on circumstances, the auditor requested that the facility conduct a training with appropriate staff to ensure they were aware of the requirements under this standard. On January 4, 2021 the facility provided the auditor with training documents as requested. The facility conducted a training on January 3, 3021 that included the PREA Compliance Bulletin – Retaliation Monitoring developed by the PREA Coordinator. The Bulletin covered agency specific requirements for monitoring for retaliation as well as the overall standard requirements. The facility investigator, PCM and Assistant Warden completed the training. Based on all the information provided the facility has corrected this standard.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Site Review Observations:

1. Observations of the Special Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero inmates who reported sexual abuse who were involuntarily segregated. 14-2 Sexual Abuse Prevention and Response, page 15 states that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation

from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. It also states inmates/detainees placed in restrictive housing pursuant to section I.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. Additionally, it indicates that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days and if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that there were no inmates placed in segregation due to an allegation of sexual abuse. A review of fourteen investigations indicated that two inmate victims were involuntarily segregated. One inmate was immediately (the same day) transferred back to the client agency and the second inmate was involuntarily segregated for less than 24 hours. Additionally, two other inmates were placed in segregation, however they requested protective custody and as such placement was not involuntary. The Warden confirmed that the agency has a policy that prohibits placing inmates who alleged 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 stated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. He stated that the inmate would be removed as quickly as possible and that there is not an average length of time. He further stated that they would take into consideration safety and appropriate housing for the inmate and then get him/her moved as quickly as possible, even if that entails moving the inmate to different unit. The interview with the staff who supervise inmates in segregated housing indicated that any inmates placed in involuntary segregated housing under this provision would be provided access to programs, privileges, education and work opportunities to the extent possible once the administration advises that he/she is cleared. The staff member stated that if the facility restricts any programs or privileges that the restrictions would be documented. The staff member further stated that the inmate would only be involuntarily segregated until they could find alternative means of separation. The staff member stated that an inmate would typically not remain in involuntary segregated housing for more than three weeks. The staff member who supervises inmates in segregated housing confirmed that inmates would be reviewed by the committee every week. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, housing assignments for inmate victims of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

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

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 5-1 Incident Reporting
4. CoreCivic Records Retention Schedule
5. Memorandum from the PREA Coordinator
6. Memorandum of Understanding with Tutwiler Police Department
7. Investigator Training Records
8. Investigative Reports

Interviews:

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

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 14-2 Sexual Abuse Prevention and Response, page 27 states that facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. 208.06, page 15 also states that an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potential criminal behavior will be referred for investigation to OPS. This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation. The MOU with the Tutwiler Police Department states that Tutwiler Police Department will assist with and provide investigative services on allegations of sexual assault. The MOU further states that Tutwiler PD will follow a uniform evidence protocol, developed appropriate for youth, where applicable and will offer victims access to forensic medical examinations and will provide a victim advocacy services as outlined under this provision. The MOU also confirms that Tutwiler PD is required to forward a copy of the investigative report to the facility for retention. A review of a sample of fourteen administrative investigations confirmed that all fourteen were completed within 30 days. The facility investigator reviewed all available evidence to include video monitoring, when available. One investigation involved a photo lineup to identify a perpetrator and all fourteen reviewed included an interview with the victim, alleged perpetrator and when applicable, witnesses. Two investigations involved the collection of physical evidence, one DNA from a forensic examination. The facility investigator provided appropriate information related to all investigative actions. All investigations reviewed were based on evidence and did not include any opinion. As such, all fourteen investigations reviewed were timely, thorough and objective. The interview with the facility investigator confirmed an investigation would be initiated immediately following an allegation and that if it occurred in the middle of the night that depending on the severity she would be contacted immediately or the next morning. The PCM further stated that all allegations are investigated the same, regardless of how they are reported (anonymously or through a third party).

115.71 (b): 14-2 Sexual Abuse Prevention and Detection, page 6 states that in addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. A review of documentation indicated that two staff are documented with the NIC specialized investigator training. The interview with the facility investigator indicated he received specialized training related to conducting sexual abuse investigations in a confinement setting. He stated that training went over interviewing victims, crime scene and evidence collection, when to use Miranda and Garrity and that it went over a lot of the PREA regulations and how to conduct an investigation.

115.71 (c): 14-2 Sexual Abuse Prevention and Detection, page 27 states investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected

perpetrator. A review of a sample of fourteen investigations indicated that the facility investigator reviewed all available evidence to include video monitoring, when available. One investigation involved a photo lineup to identify a perpetrator and all fourteen reviewed included an interview with the victim, alleged perpetrator and when applicable, witnesses. Two investigations involved the collection of physical evidence, one DNA from a forensic examination. The interview with the facility investigator indicated that by the time he would get involved the inmates would normally be separated and the crime scene would have been secured. He stated that his first priority would be the collection and preservation of evidence. He indicated he would then interview the victim, identify and interview any witnesses, gather any evidence such as phone calls and video and then interview the perpetrator. He stated he would then look at all the information and evidence and make a determination based on an investigative outcome. The facility investigator stated he would be responsible for gathering all of the evidence with the exception of the SAFE/SANE kit. He stated he would gather anything biological or physical including video, statements, phone calls, medical evaluations and physical evidence like clothing.

115.71 (d): 14-2 Sexual Abuse Prevention and Detection, page 28 states that when the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of investigative reports indicated that none of the fourteen administrative investigations involved compelled interviews, however there were seventeen criminal investigations initiated by either Tutwiler Police Department of the Mississippi Department of Corrections. A review of four closed investigations by Tutwiler PD indicated none involved compelled interviews. The interview with the facility investigator indicated that they would consult with prosecutors prior to conducting any compelled interviews.

115.71 (e): 14-2 Sexual Abuse Prevention and Detection, page 28 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate/detainee or staff. Additionally, it indicates that no agency shall require an inmate/detainee to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation. The interview with the facility investigator confirmed that an inmate victim would never be required to take a polygraph or truth telling device test. He further stated that credibility is not judged and that is only addressed if something comes up during the investigation that proves someone not to be credible. The four inmates who reported abuse confirmed that none were required to take a polygraph or truth telling device test.

115.71 (f): 14-2 Sexual Abuse Prevention and Detection, page 27 states that administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report and shall detail the following components: investigative facts, physical evidence, testimonial evidence, reasoning behind credibility assessments, investigative findings and an explanation as to how the conclusion of the investigations was reached. 29 administrative investigations were completed in the previous twelve months. A review of fourteen of the investigations confirmed that all were documented in a written report that included a summary of the allegation, information from interviews, a description of any evidence reviewed/collected, investigative facts and findings and an investigative outcome. The interview with the facility investigator confirmed that administrative investigations would be documented in written reports and include all of the information gathered during the investigation. He stated the investigation goes through three reviews, one with the PREA team, one with leadership and then the final review. He stated that during the reviews they discuss anything that came up during the investigation such as staff misconduct or violation of policy and procedure. He stated the report would include the who, what, where, when and why and would include information on video review, phone call review, medical evaluation, evidence gathered, facts and findings, any staff misconduct or failure to comply with policy and then the investigative conclusion.

115.71 (g): 14-2 Sexual Abuse Prevention and Detection, page 29 states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. There have been seventeen allegations referred for criminal investigation within the previous twelve months. Of the fourteen investigations reviewed, nine had a criminal investigation initiated. Of the nine, only four closed investigative reports were provided to the facility. Two of the investigations were ongoing, but the remainder were closed. The facility has reached out to the Mississippi Department of Corrections and the Tutwiler Police Department for copies of the closed investigations but have yet to be provided them. A review of the four closed criminal investigations confirmed that all four were completed by the Tutwiler Police Department and included a summary of the allegation, a summary of interviews, a description of evidence reviewed/collected, facts and findings and an investigative outcome. The interview with the facility investigator confirmed that all criminal investigations are completed by one of their clients or the Tutwiler Police Department and that all investigations are documented in a report. He further stated that they do not always receive a copy of the report from.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 14-2 Sexual Abuse Prevention and Detection, page 29 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ indicated that there was one allegation referred for prosecution since the last PREA audit. A review of documentation indicated that there were three allegations referred for prosecution, two of which were declined. One is currently with the Assistant District Attorney related to prosecution of a staff member. The interview with the facility investigator confirmed that he refers all cases to law enforcement for prosecution regardless of the administrative findings. He stated local law enforcement would make the determination regarding prosecution.

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

115.71 (j): 14-2 Sexual Abuse Prevention and Detection, page 27 states that the departure of the alleged abuser or victim from employment control of the facility or agency shall not provide a basis for terminating an investigation. The facility investigator confirmed that they would complete the investigation in both circumstances, departure of staff and/or departure of inmate, as a crime was still committed.

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

115.71 (l): 14-2 Sexual Abuse Prevention and Detection, page 29 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The memo from the PCM indicates that criminal investigations are referred to the Tutwiler PD. The MOU with the Tutwiler Police Department states that Tutwiler Police Department will assist with and provide investigative services on allegations of sexual assault. The MOU further states that Tutwiler PD will follow a uniform evidence protocol, developed appropriate for youth, where applicable and will offer victims access to forensic medical examinations and will provide a victim advocacy services as outlined under this provision. The MOU also confirms that Tutwiler PD is required to forward a copy of the investigative report to the facility for retention. The PC stated that each facility develops its own relationship with local law enforcement and must follow-up on cases. He indicated that where CoreCivic has more than one facility, the partner agency OIG is often consulted about the status of investigations. The interview with

the Warden indicated that the facility stays informed of outside investigations through constant updates with the agency. He stated that they contact the agency and ask questions about the status of the case. The interview with the PCM indicated she would stay in contact with the Chief of Police via phone or email. The facility investigator stated that he would play a supportive role if an outside agency conducted an investigation. He indicated he would provide them with whatever they need such as video, documents, etc. He stated he would do whatever is needed, including arranging interviews.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reporting, CoreCivic Records Retention Schedule, memo from the PCM, MOU with Tutwiler PD, investigator training records, investigative reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, the facility investigator and inmates who reported sexual abuse, this standard appears to be compliant.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 14-2 Sexual Abuse Prevention and Response, page 27 states that in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. 29 administrative investigations were completed in the previous twelve months and four criminal investigation were still ongoing. A review of fourteen investigations indicated that one was closed with a finding of substantiated. A review of the fourteen investigations indicated the findings were accurate based on the evidence. The interview with the facility investigator indicated that a preponderance of evidence is the threshold to substantiate an allegation.

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

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 14-2 Sexual Abuse Prevention and Response, page 30 states that following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. The PAQ indicated that there were 33 investigation completed within the previous twelve months, and fourteen inmates were notified of the results of the investigation. Upon further review it was determined that there were seventeen allegations of sexual abuse reported in the previous twelve months, all of which had a completed investigation. A review of fourteen investigations indicated ten did not have a victim notification; however four of the inmates were not at Tallahatchie when the investigation was completed and as such were unable to be notified. The facility did send information to the forwarding facilities to provide to the inmate but they did not receive anything back related to if the agency informed the inmate. The interviews with the Warden and the facility investigator confirmed that inmates are

informed of the outcome of the investigation into their allegation. The interviews with the four inmates who reported abuse indicated that three were aware they were to be informed of the outcome of the investigation into their allegation. Two indicated that they were provide with a notification, while two stated they were not provided any information about the investigation.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. 14-2 Sexual Abuse Prevention and Response, page 30 states if the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. The PAQ indicated that there were 24 investigations completed within the previous twelve months by an outside agency and twelve inmates were notified of the results of the investigation. A review of fourteen investigations indicated that while all included an outside law enforcement notification, only nine were picked up by the outside entity. Of the nine allegations, four had an investigative report with findings provided to the facility. None of the four had an inmate notification documented related to the outside entity investigative finding.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an investigation into an inmate/detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there has been a substantiated or unsubstantiated allegation of sexual abuse committed by a staff member against an inmate in the previous twelve months. Additionally, the PAQ indicated that the agency informs inmates of the required components under this provision if applicable. A review of fourteen investigative reports indicated that six were staff-on-inmate sexual abuse allegations, one of which was substantiated and three that were unsubstantiated. The facility investigator stated that all staff are moved when an allegation of sexual abuse occurs, however there was not documentation of notification to the inmate victims of these moves. Additionally, one staff member was terminated due to the sexual abuse allegation and there was not documentation of notification to the inmate victim related to the termination. The interviews with the inmates who reported sexual abuse indicated only one reported an allegation against a staff member. The inmate stated he was never informed of anything related to the staff member; he was just moved to another unit.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 14-2 Sexual Abuse Prevention and Response, page 30 states following an inmate/detainee's allegation that he/she has been sexually abused by another inmate/detainee, the facility shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of fourteen investigative reports indicated that eight were inmate-on-inmate allegations and none of those were

substantiated. As such no notification were required under this provision. The interviews with inmates who reported sexual abuse indicated that three were inmate-on-inmate. All three stated that they were not informed of anything related to alleged perpetrator. Two stated they knew he went to the “hole” (segregation) but that was all they knew. Based on the outcome of the investigations there were no required notification related to the three inmate’s allegations.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 14-2 Sexual Abuse Prevention and Response, page 30 states all inmate/detainee notifications or attempted notification shall be documented on the 14-2E Inmate/Detainee Allegation Status Notification. The inmate/detainee shall sign the 14-2E, verifying that such notification has been received. Upon further review it was determined that there were seventeen allegations of sexual abuse reported in the previous twelve months, all of which had a completed investigation. A review of fourteen investigations indicated ten did not have a victim notification; however four of the inmates were not at Tallahatchie when the investigation was completed and as such were unable to be notified. The facility did send information to the forwarding facilities to provide to the inmate but they did not receive anything back related to if the agency informed the inmate. Additionally, a review of fourteen investigations indicated that while all included an outside law enforcement notification, only nine were picked up by the outside entity. Of the nine allegations, four had an investigative report with findings provided to the facility. None of the four had an inmate notification documented related to the outside entity investigative finding. With regard to the notifications under provisions (c) and (d) six were staff-on-inmate sexual abuse allegations, one of which was substantiated and three that were unsubstantiated. The facility investigator stated that all staff are moved when an allegation of sexual abuse occurs, however there was not documentation of notification to the inmate victims of these moves. Additionally, one staff member was terminated due to the sexual abuse allegation and there was not documentation of notification to the inmate victim related to the termination. None of the inmate-on-inmate allegations were substantiated and as such did not require any notifications under this standard.

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 14-2E, a review of investigative reports, inmate notifications and information from interviews with the Warden, facility investigator and inmates who reported sexual abuse, this standard appears to require corrective action. A review of documentation determined that there were seventeen allegations of sexual abuse reported in the previous twelve months, all of which had a completed investigation. A review of fourteen investigations indicated ten did not have a victim notification; however four of the inmates were not at Tallahatchie when the investigation was completed and as such were unable to be notified. The facility did send information to the forwarding facilities to provide to the inmate but they did not receive anything back related to if the agency informed the inmate. Additionally, a review of fourteen investigations indicated that while all included an outside law enforcement notification, only nine were picked up by the outside entity. Of the nine allegations, four had an investigative report with findings provided to the facility. None of the four had an inmate notification documented related to the outside entity investigative finding. With regard to the notifications under provisions (c) and (d) six were staff-on-inmate sexual abuse allegations, one of which was substantiated and three that were unsubstantiated. The facility investigator stated that all staff are moved when an allegation of sexual abuse occurs, however there was not documentation of notification to the inmate victims of these moves. Additionally, one staff member was terminated due to the sexual abuse allegation and there was not documentation of notification to the inmate victim related to the termination.

Corrective Action

The facility will need to ensure that inmates are notified of facility investigative outcomes as well as outside agency investigative outcomes, when appropriate. Additionally, when staff are moved,

terminated, charged and/or convicted inmates are required to be notified. The facility will need to train appropriate staff on the requirements under this provision and provide the auditor with the required training. Additionally, the facility will need to provide the auditor with a list of all allegations over the corrective action period as well as both facility and outside entity investigations into those allegations. Appropriate notifications as required based on the circumstances will need to be forwarded to the auditor as well to confirm appropriate handling under this standard.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Investigative Reports
2. Staff Training Documentation

On December 7, 2021 the auditor was provided documentation for standard 115.73. The two facility investigators were trained on the inmate victim notification requirements and their responsibilities. On December 19, 2021 the facility provided the auditor with copies of the three sexual abuse investigations. Two allegations were reported via Warden to Warden notifications and as such the inmates were not at Tallahatchie during the investigation and were not notified. The third inmate victim reported the allegation on September 7, 2021 and was released from custody on September 15, 2021. As such, the inmate was unable to be notified of the outcome of the investigation. While none of the three sexual abuse investigations reported during the corrective action period required notifications due to reporting circumstances, the training provided to the appropriate staff shows this standard has been corrected.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies.

115.76 (b): The PAQ indicated there was one staff member who violated the sexual abuse and sexual harassment policies and one staff member who was terminated for violating the sexual abuse or sexual harassment policies. 14-2 Sexual Abuse Prevention and Response, page 31 states that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. A review of documentation confirmed that one staff member was initially placed on leave and then terminated on December 12, 2020 and the criminal investigation was referred for prosecution by Tutwiler Police Department.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 14-2 Sexual Abuse Prevention and Response, page 31 states that disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated there was one substantiated staff-on-inmate investigation and the staff member was terminated on December 12, 2020.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 14-2 Sexual Abuse Prevention and Response, page 31 states all employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there was one staff member disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of documentation confirmed that one staff member was initially placed on leave and then terminated on December 12, 2020 and the criminal investigation was referred for prosecution by Tutwiler Police Department.

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

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 22-1 Volunteer Services and Management

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. 22-1 Volunteer Services and Management, page 5 also addresses this provision. It states that volunteers are expected to abide by CoreCivic and applicable government agency policy, procedures, regulations and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Roster. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor being removed from the volunteer or contractor list until the investigation is completed. He stated they would not be allowed to enter the facility and that if deemed substantiated that they would be prohibited from coming back into the facility and that they would be referred to local law enforcement. The Warden confirmed that there have not been any contractors or volunteers who violated the sexual abuse or sexual harassment policies over the audit period.

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

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 15-1 Offense and Penalty Code
4. CoreCivic Policy 15-2 Discipline Procedure

Interviews:

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

Findings (By Provision):

115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees shall be subject to disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that an inmate/detainee engaged in inmate/detainee on inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee on inmate/detainee sexual abuse. 15-1 Offense and Penalty Code and 15-2 Discipline Procedure outline the disciplinary process including a pre-hearing detention, supervisor investigation and a finding/discipline as it pertains to a major offense or a minor offense. Page 3 of 15-1 Offense and Penalty Code states that sexual misconduct is a major offense and as such discipline would fall under the appropriate major offense guidelines. The PAQ indicated there has been zero administrative and criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months.

115.78 (b): 14-2 Sexual Abuse Prevention and Response, page 30 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history and sanctions imposed for comparable offenses by inmates/detainees with similar histories. The interview with the Warden indicated the inmate perpetrator would face charges through the disciplinary process and that any sanctions would be found in accordance with disciplinary procedures. He stated sanctions could include restrictive housing placement, transfer from the facility and loss of privileges. He indicated that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates.

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

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. 14-2 Sexual Abuse Prevention and Response, page 30 states that if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff indicated that were unsure if they offer medical and mental health services that address underlying reasons or motivations for sexual abuse. One staff member sated that they more or less speak the victim and that she has not spoken to any perpetrators.

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

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

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, 15-1 Offense and Penalty, 15-2 Disciplinary Procedures and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 0% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. Further communication with the facility indicated that there were zero inmates who accepted the mental health follow-up and as such there were none seen by mental health. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of medical and mental health files for six inmates identified who disclosed prior sexual victimization during the risk screening revealed that only two were documented with a mental health follow-up (or refusal of services) within the required fourteen days. The interview with the staff responsible for the risk screening indicated that inmates who disclose prior sexual abuse during the risk screening are offered a follow-up with mental health within two weeks. The interviews with the three inmates who disclosed prior

victimization during the risk screening indicated that two were not seen by or offered follow-up services with mental health staff after disclosing the victimization.

115.81 (b): The PAQ indicated all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees, excluding jail inmates/detainees, identified during the intake screening as high risk of sexual assaultive behavior, whether it occurred in an institutional setting or the community, shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 0% of those inmates who had a history or prior perpetrated sexual abuse were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. Three inmates were identified with a history of sexual abusiveness. A review of files for the three inmates indicated that none were documented with a mental health follow-up (or refusal of services) within the fourteen day timeframe. The interview with the staff responsible for the risk screening indicated that if the risk screening indicates an inmate has prior sexual abuse that they are offered a follow-up with mental health within two weeks.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 0% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. Further communication with the facility indicated that there were zero inmates who accepted the mental health follow-up and as such there were none seen by mental health. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of medical and mental health files for six inmates identified who disclosed prior sexual victimization during the risk screening revealed that only two were documented with a mental health follow-up (or refusal of services) within the required fourteen days. The interview with the staff responsible for the risk screening indicated that inmates who disclose prior sexual abuse during the risk screening are offered a follow-up with mental health within two weeks. The interviews with the three inmates who disclosed prior victimization during the risk screening indicated that two were not seen by or offered follow-up services with mental health staff after disclosing the victimization.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, but rather with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that paper medical and classification files are maintained behind two locked doors. All electronic medical and classification files have limited accessibility by staff with a need to know.

15.81 (e): 14-02 Sexual Abuse Prevention and Response, page 12 states that medical and mental health practitioners shall obtain informed consent from inmates/detainees prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate/detainee was under eighteen. Interviews with medical and mental health staff indicate that if the sexual abuse occurred

in the community staff would ask the person if they had reported it or if they wanted to report it. Additionally, staff stated they do not house inmates under eighteen or vulnerable adults but they are aware of mandatory reporting laws.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to require corrective action. A review of medical and mental health files for six inmates identified who disclosed prior sexual victimization during the risk screening revealed that only two were documented with a mental health follow-up (or refusal of services) within the required fourteen days. Further three inmates were identified with a history of sexual abusiveness. A review of files for the three inmates indicated that none were documented with a mental health follow-up (or refusal of services) within the fourteen day timeframe. Interviews with inmates who disclosed victimization corroborate what documentation detailed in that two of the three interviewed stated they were not seen by or offered follow-up services with mental health staff after disclosing the victimization.

Corrective Action

The facility will need to develop a process to ensure that all inmates who answer yes to any of the risk screening questions related to any type of prior sexual victimization (whether in an institutional setting or not) or any type of prior sexual abusiveness are referred to mental health for a follow-up within fourteen days. The appropriate staff will need to be trained on the requirements under this provision and the auditor should be forwarded the training documents. Additionally, the facility will need to provide the auditor with a list of inmates who disclose victimization during the risk screening as well as a list of those who were determined to have prior sexual perpetration (new). Once the lists are received the auditor will select a sample to review their mental health follow-up documentation.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Mental Health Referral Form
2. Staff Training Documentation
3. Risk Screening Documentation
4. Mental Health Follow-Up Documents

On September 27, 2021 the auditor was provided documentation related to standard 115.81. The facility provided the auditor with a copy of the created referral form that the facility plans to utilize when inmates report prior sexual victimization, whether it occurred in an institutional setting or not and for inmates who previously perpetrated sexual abuse. The form allows the inmate to decline or agree to a follow-up meeting with mental health and has a space for the inmate to sign and date. On November 1, 2021 the facility provided one inmate that was identified as having prior perpetration and one inmate that reported prior sexual victimization during the risk screening. Both inmates were seen by mental health within the fourteen day timeframe. On December 7, 2021 the facility provided the auditor training documents illustrating that staff were trained on June 28, 2021 on the updated form and the process for referrals and follow-ups with mental health for reported prior sexual victimization and identified prior sexual abusiveness. On December 28, 2021 the facility provided the auditor with three examples of inmates who reported prior sexual victimization during the risk screening who were offered a follow-up with mental health. Two of the three indicated on the form that they did not want a follow-up with mental health, however the facility still had documentation indicating that all three spoke to a mental health staff member within the fourteen day timeframe. An additional review of the 31 inmate risk screenings

did not yield additional examples for this standard. Based on the new referral form, staff training and the five examples provided, the facility has corrected this standard.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

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

3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. During the tour, the auditor noted that the medical and mental health areas consisted of a trauma room, numerous exam rooms, offices and observation cells. All areas were private and consisted of doors that allowed for adequate confidentiality. A review of medical and mental health documentation for fourteen inmate victims of sexual abuse indicated that eight were seen by medical and/or mental health and that records were maintained of the contact by medical and mental health staff. Three of the inmates reported allegations at another facility and as such had no documented medical and/or mental health at Tallahatchie. Three of the inmates were not documented with any medical and/or mental health services after their reported allegation. The interviews with inmates who reported sexual abuse indicate that all four were seen by medical and/or mental health after their allegation. Interviews with medical and mental health care staff confirm that inmates receive timely unimpeded access to emergency medical treatment and crisis intervention services. Staff stated that they provide services as soon as they are notified of the allegation, but that they usually see them within four minutes and within 24 hours. Staff indicated that they provide services based on their professional opinion, as well as legal and ethical obligations.

115.82 (b): Tallahatchie has a Health Services Department that is staffed 24 hours a day, seven days a week. Inmate are treated at the facility unless their needs cannot be met and then they are transported to a local hospital. Interviews with first responders indicated that they would separate the inmates, preserve and protect the crime scene, request the inmates not to take any action to destroy any physical and notify their supervisor. The non-security first responders stated she would notify the Captain or whoever was in charge, separate the inmates, if possible, and secure the scene. She further stated she would make sure the inmate went to medical and mental health.

115.82 (c): The PAQ states that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 13-79 Sexual Assault Response, page 4 states that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with accepted standards of care, where medically appropriate. A review of a sample of fourteen investigations revealed there were five sexual abuse allegations involving penetration. Only one of these inmates was provided a forensic medical examination as the other four were out of the evidence collection timeframe. The one inmate who was transported to the local hospital was documented with information and access to sexually transmitted infection prophylaxis at the hospital (male inmate and did not require emergency contraception). The inmate had a blood panel and required testing and medication provided. However, the four inmates who were not transported to the hospital did not have any documentation related to information and access to sexually transmitted infection prophylaxis (none were female inmates and as such no emergency contraception was required. The interviews with the inmates who reported sexual abuse indicated that one involved penetration. The inmate stated that he was not provided information or access to HIV/STI testing or information and access to sexually transmitted infection prophylaxis. Interviews with medical and mental health staff indicated that they were not sure about if inmates would

be provided information and access to emergency contraception and sexually transmitted infection prophylaxis. Staff stated that they would speak to the provider about it and that more than likely the inmate would be referred to the emergency room and they would receive these services at the local hospital.

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

Based on a review of the PAQ, 13-79 Sexual Assault Response, 13-79A, a review of medical and mental health documents and information from interviews with medical and mental health care staff, staff first responders and inmates who reported sexual abuse, this standard appears to require corrective action. A review of medical and mental health documentation for fourteen inmate victims of sexual abuse indicated that three of the inmates were not documented with any medical and/or mental health services after their reported allegation. A review of documentation for the five inmates who alleged sexual abuse with penetration indicated that only one had documentation related to information and access to sexually transmitted infection prophylaxis (none were females and as such emergency contraception did not apply). Additionally, interviews with medical and mental health indicated that they were unsure whether inmates would be provided information and access to emergency contraception and sexually transmitted infection prophylaxis. The one inmate who alleged penetration stated he was not provided information or access to sexually transmitted infection prophylaxis.

Corrective Action

The facility will need to train medical and mental health staff on policy requirements and requirements under this provision. All inmates who allege sexual abuse should be provided services by medical and/or mental health and documentation of the services should be maintained as confirmation. All inmates who allege penetration, whether within the timeframe to collect physical evidence or not, should be provided information and access to emergency contraception and/or sexually transmitted infection prophylaxis. Documentation of these services should also be maintained for confirmation. The facility will need to provide training documents to the auditor on the above. Additionally, a copy of all sexual abuse allegations should be forwarded to the auditor along with the corresponding medical and/or mental health documentation after the allegation, to include emergency contraception and/or sexually transmitted infection prophylaxis, when appropriate.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Staff Training Documentation
2. Investigative Reports

On September 27, 2021 the auditor was provided training documentation related to standard 115.82 and 115.83. Staff were trained on September 14, 2021 on the requirements as it pertains to HIV and sexually transmitted infections. On December 19, 2021 the facility provided the auditor with a copy of the completed investigations. Two of the allegations were reported at another facility. One of the reported facilities forwarded medical and mental health documentation confirming the inmate was provided services while the other did not. The one inmate who reported sexual abuse while at Tallahatchie was documented with receiving medical services on the same date as the allegation was reported. The

inmate's allegation did not require HIV/STI testing or sexually transmitted infection prophylaxis. Based on the training and documentation these standards have been corrected.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

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

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

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

Site Review Observations:
1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the tour, the auditor noted that the medical and mental health areas consisted of a trauma room, numerous exam rooms, offices and observation cells. 14-2 Sexual Abuse Prevention and Response, page 5 states that the facility shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates/detainees who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. All areas were private and consisted of doors that allowed for adequate confidentiality. A review of medical and mental health documentation for fourteen inmate victims of sexual abuse indicated that eight were seen by medical and/or mental health and that records were maintained of the contact by medical and mental health staff. Three of the inmates reported allegations at another facility and as such had no documented medical and/or mental health at Tallahatchie. Three of the inmates were not documented with any medical and/or mental health services after their reported allegation. Additionally, a review of medical and mental health files for six inmates identified who disclosed prior sexual victimization during the risk screening revealed that only two were documented with a mental health follow-up (or refusal of services) within the required fourteen days.

115.83 (b): 14-2 Sexual Abuse Prevention and Response, page 5 states 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. A review of medical and mental health documentation for fourteen inmate victims of sexual abuse indicated that eight were seen by medical and/or mental health and that records were

maintained of the contact by medical and mental health staff. Three of the inmates reported allegations at another facility and as such had no documented medical and/or mental health at Tallahatchie. Three of the inmates were not documented with any medical and/or mental health services after their reported allegation. Additionally, a review of medical and mental health files for six inmates identified who disclosed prior sexual victimization during the risk screening revealed that only two were documented with a mental health follow-up (or refusal of services) within the required fourteen days. Interviews with inmates who reported sexual abuse indicated that two of the four were provide follow-up services. Interviews with medical and mental health care staff confirmed that they would offer/provide necessary follow-up services. A few of the services include a physical examination, treatment of any injuries, referrals related to sexual assault resources, cognitive behavioral therapy and trauma based interventions.

115.83 (c): All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation for fourteen inmate victims of sexual abuse indicated that eight were seen by medical and/or mental health and that records were maintained of the contact by medical and mental health staff. Three of the inmates reported allegations at another facility and as such had no documented medical and/or mental health at Tallahatchie. Three of the inmates were not documented with any medical and/or mental health services after their reported allegation. Additionally, a review of medical and mental health files for six inmates identified who disclosed prior sexual victimization during the risk screening revealed that only two were documented with a mental health follow-up (or refusal of services) within the required fourteen days. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care. The interview with the staff member at MSCASV indicated that they were concerned about the level of mental health care available for inmates who reported sexual abuse. The staff member stated it seemed that they were not getting the necessary services due to lack of resources.

115.83 (d): 13-79 Sexual Assault Response, page 4 states that inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy related services in a timely manner. Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. There were no female inmates who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted nor was there any documentation to review.

115.83 (e): 13-79 Sexual Assault Response, page 4 states that inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy related services in a timely manner. Should a pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. Interviews with medical and mental health staff confirm that they would provide information and access to all pregnancy related materials, including pregnancy tests. The staff stated they would provide access and information to materials as soon as they found out about the allegation or about the pregnancy. There were no female inmates who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted nor was there any documentation to review.

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

transmitted infection prophylaxis, in accordance with accepted standards of care, where medically appropriate. A review of a sample of fourteen investigations revealed there were five sexual abuse allegations involving penetration. Only one of these inmates was provided a forensic medical examination as the other four were out of the evidence collection timeframe. The one inmate who was transported to the local hospital was documented a blood panel and required testing. However, the four inmates who were not transported to the hospital did not have any documentation related to STI testing. The interviews with the inmates who reported sexual abuse indicated that one involved penetration. The inmate stated that he was not provided information or access to HIV/STI testing.

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 13-79 Sexual Assault Response, pages 3-4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Interviews with inmates who reported sexual abuse indicated that none of the four were required to pay for any medical or mental health care services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 14-2 Sexual Abuse Prevention and Response, page 12 indicates that a mental health evaluation shall be completed of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. Ten inmate-on-inmate allegations were made in the previous twelve months. None of the allegations were substantiated and as such no known inmate-on-inmate perpetrators were required to be evaluated by mental health. The interview with the two mental health staff indicated that one was unsure if they provided known inmate perpetrators services, including evaluations and treatment, while one said they believed they provide services but that she has never conducted services herself on any.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of medical and mental health documents and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to require corrective action. A review of medical and mental health documentation for fourteen inmate victims of sexual abuse indicated that three of the inmates were not documented with any medical and/or mental health services after their reported allegation. Additionally, a review of medical and mental health files for six inmates identified who disclosed prior sexual victimization during the risk screening revealed that only two were documented with a mental health follow-up (or refusal of services) within the required fourteen days. A review of documentation for the five inmates who alleged sexual abuse with penetration indicated that only one had documentation related to HIV/STI testing. Further, interviews with medical and mental health indicated that they were unsure whether inmate perpetrators would be provided mental health services, including an evaluation. They stated they have never provided these services to an inmate perpetrator. The interview with the staff member at MSCASV indicated that they were concerned about the level of mental health care available for inmates who reported sexual abuse. The staff member stated it seemed that they were not getting the necessary services due to lack of resources.

Corrective Action

The facility will need to train medical and mental health staff on policy requirements and requirements under this provision. All inmates who allege sexual abuse (to include those who disclose during the risk screening) should be provided services by medical and/or mental health as well as follow-up services as deemed appropriate. Documentation of the services should be maintained as confirmation of services or refusal of services. All inmates who allege penetration, whether within the timeframe to collect physical evidence or not, should be provided information and access to HIV/STI testing. Documentation of these

services should also be maintained for confirmation. Additionally, all know inmate-on-inmate perpetrators should be offered a mental health evaluation within 60 days of learning of such abuse. The facility will need to provide training documents to the auditor on the above referenced requirements. Additionally, a copy of all sexual abuse allegations and inmates who disclose prior sexual victimization during the risk screening should be forwarded to the auditor along with the corresponding medical and/or mental health documentation after the allegation, to include HIV/STI, when appropriate and known inmate-on-inmate perpetrator menta health evaluation, when appropriate.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Staff Training Documentation
2. Investigative Reports

On September 27, 2021 the auditor was provided training documentation related to standard 115.82 and 115.83. Staff were trained on September 14, 2021 on the requirements as it pertains to HIV and sexually transmitted infections. On December 19, 2021 the facility provided the auditor with a copy of the completed investigations. Two of the allegations were reported at another facility. One of the reported facilities forwarded medical and mental health documentation confirming the inmate was provided services while the other did not. The one inmate who reported sexual abuse while at Tallahatchie was documented with receiving medical services on the same date as the allegation was reported. The inmate's allegation did not require HIV/STI testing or sexually transmitted infection prophylaxis. Based on the training and documentation these standards have been corrected.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. 14-2F Sexual Abuse or Assault Incident Review Form

Interviews:

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

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 14-2 Sexual Abuse Prevention and Response, page 29 states that the Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the

conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The PAQ indicated that there were 24 investigations completed within the previous twelve months, excluding those that are unfounded. Further review indicated there were twelve investigations completed with an outcome other than unfounded. A review of a sample of fourteen investigations indicated that seven required a sexual abuse incident review. Of the seven, five were missing a sexual abuse incident review. It should be noted that one of the reviews was not yet due as the 30 day timeframe was ongoing during the on-site portion of the audit.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 14-2 Sexual Abuse Prevention and Response, page 29 states that sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation. The PAQ indicated that 24 reviews were completed within the previous twelve months within 30 days of the conclusion of the investigation. Further review indicated there were twelve investigations completed with an outcome other than unfounded. A review of a sample of fourteen investigations indicated that seven required a sexual abuse incident review. Of the seven, five were missing a sexual abuse incident review. It should be noted that one of the reviews was not yet due as the 30 day timeframe was ongoing during the on-site portion of the audit. The two that were documented were completed within 30 days of the outcome of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 14-2 Sexual Abuse Prevention and Response, page 29 states the incident review team shall include upper level facility management and the facility SART, with input from line supervisors, investigators, and medical and mental health practitioners. A review of the two completed reviews indicated that upper management leadership, the investigator, medical and/or mental health and line supervisors were included in the review. The Warden confirmed that these reviews are being completed and they include upper management officials, line supervisors, investigators and medical and/or mental health care staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section an any recommendations for improvement, and submits each report to the facility head and PCM. 14-2 Sexual Abuse Prevention and Response, page 29 states the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise cause by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. A review of the two sexual abuse incident reviews indicated that all required components were included. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that the information is utilized to determine what they can do to prevent any other instances from occurring the future and/or how to protect inmates and staff from it occurring again. The PCM indicated that since she has taken over she reviews the incident report and brings the rest of the team on to review everything. She stated she has not noticed any trends and that after the report is submitted they use the information to discuss any relevant issues or concerns.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 14-2 Sexual Abuse Prevention and Response, page 29 states all findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or

Assault Incident Review Report or required equivalent contracting agency form. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. A review of the two sexual abuse incident reviews indicated that a section exists for recommendations and corrective action.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, a review of 14-2Fs and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, it appears this standard requires corrective action. A review of a sample of fourteen investigations indicated that seven required a sexual abuse incident review. Of the seven, five were missing a sexual abuse incident review.

Corrective Action

The facility will need to provide training to the appropriate staff on the requirements under policy and this standard. The training will need to be provided to the auditor. A list of all sexual abuse allegations, including a copy of the investigative report, should be provided to the auditor during the corrective action period along with the corresponding sexual abuse incident reviews.

Verification of Corrective Action since the Interim Audit Report

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

Additional Documents:

1. Staff Training Documentation
2. Sexual Abuse Allegation Spreadsheet
3. Investigative Reports
4. Sexual Abuse Incident Reviews

On September 27, 2021 the auditor was provided training documentation related to standard 115.86. Staff were trained on September 15, 2021 on the requirements as it pertains to sexual abuse incident reviews. On November 29, 2021 the facility provided a spreadsheet of sexual abuse and sexual harassment allegations that were reported during the corrective action period. Three sexual abuse allegations were reported after July 24, 2021 (date of the interim report). Two were unsubstantiated and required a sexual abuse incident review. On December 19, 2021 the facility provided the auditor with a copy of the completed investigations to confirm the date the investigations were closed. On December 19, 2021 the facility provided the auditor with investigations and documents for the three sexual abuse allegations. Two were closed unsubstantiated and one was closed unfounded, thus indicating that two required a sexual abuse incident review. On December 20, 2021 the auditor requested the two sexual abuse incident reviews. The PC advised that the facility had not completed the reviews as they believed that they were not required to be completed because the inmate victims were no longer at Tallahatchie. Further communication with the PC indicated that they would complete the sexual abuse incident reviews and provide the appropriate training to ensure that staff were aware of what is required under this standard. On December 22, 2021 the facility provided the auditor with documentation related to the two sexual abuse incident reviews and a training sign in sheet. The documentation was incomplete with pages missing from the sexual abuse incident reviews and information missing on what the training covered, as such the auditor requested additional documentation. On December 28, 2021 the facility provided the complete sexual abuse incident reviews. Both reviews were completed on December 20, 2021. One investigation was completed in August and the other in October, thus indicating they were completed but not within the required 30 day timeframe. The auditor indicated that the facility would need to conduct a subsequent training related to this standard and the timeframe requirements, regardless of whether the inmate is no longer at the facility. On January 4, 2022 the facility provided the auditor with

the additional training requested. The facility conducted a training on January 3, 2022 with the PCM, Assistant Warden and facility investigator related to sexual abuse incident reviews. The training included the requirements under this standard as well as the requirements under agency policy. Based on the documentation provided, this standard has been corrected.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Findings (By Provision):

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

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

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

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

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

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department.

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

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

3. CoreCivic Annual PREA Reports

Interviews:

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

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 14-2 Sexual Abuse Prevention and Detection, page 32 states that the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to include, identifying problems areas and taking corrective action on an ongoing basis. Additionally it states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head Designee confirmed that he reviews and approves annual reports. He stated that a review of the PREA data is made on a daily, monthly and annual basis. He indicated that incident data is provided daily to select staff in a Daily PREA Report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff, video coverage or procedures would minimize the risks of incidents in those areas. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that files and information relative to investigations of PREA allegations are retained in the IRD which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules. He further stated that the agency takes corrective action on an ongoing basis and that the agency prepares a report of findings from the annual data review. The PCM stated that they use their data to look at the facility and how they can ensure the incidents do not occur again. She stated that they determine what can be changes or what issues there may be. This information is then forwarded to Corporate who then has a broader picture of what needs added, changed or taken away.

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

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

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

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

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Documents:

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

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

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

115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public, at least annually, through its website or through other means. 14-2 Sexual Abuse Prevention and Response, page 33 states the CoreCivic Annual Report shall be approved by the company Chief Corrections Office and made available to the public through the CoreCivic website. A review of the website: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea confirmed that the current annual report, which includes aggregated data, is available to the public online.

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

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

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Retention Schedule, CoreCivic annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Findings (By Provision):

115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year.

115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

Findings (By Provision):

115.403 (f): The facility was previously audited on May 14-16, 2018. The final audit report is publicly available via the agency website.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kendra Prisk January 4, 2022

Auditor Signature **Date**