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| **Prison Rape Elimination Act (PREA) Audit Report****Adult Prisons & Jails**[ ]  **Interim** [x]  **Final** **Date of Interim Audit Report:** Click or tap here to enter text. [x]  **N/A** *If no Interim Audit Report, select N/A* **Date of Final Audit Report:** June 25, 2020 |
| **Auditor Information** |
| **Name:** Robert J Palmquist | **Email:** Robobem@gmail.com |
| **Company Name:** Robobem PREA Auditing LLC |
| **Mailing Address:** P.O. Box 324 | **City, State, Zip:** Loon Lake, WA 99148-0324 |
| **Telephone:** 509-464-9736 | **Date of Facility Visit:** June 9-11 2020 |
| **Agency Information** |
| **Name of Agency:** CORE CIVIC |
| **Governing Authority or Parent Agency** *(If Applicable)***:** N/A |
| **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 | [x]  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, President and Chief Executive Officer |
| **Email:** Damon.Hininger@corecivic.com | **Telephone:** 615-263-3000 |
| **Agency-Wide PREA Coordinator** |
| **Name:** Eric Pierson |
| **Email:** Eric.pierson@corecivic.com | **Telephone:** 615-263-6915 |
| **PREA Coordinator Reports to:** Steven Conry, Vice President, Operations Administrator  | **Number of Compliance Managers who report to the PREA Coordinator:** 65 (indirect) |

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| **Facility Information** |
| **Name of Facility:** Leavenworth Detention Center |
| **Physical Address:** 100 Highway Terrace | **City, State, Zip:** Leavenworth, KS 66048 |
| **Mailing Address (if different from above):** 100 Highway Terrace | **City, State, Zip:** Leavenworth, KS 66048 |
| **The Facility Is:**  | [ ]  Military | [x]  Private for Profit | [ ]  Private not for Profit |
|  [ ]  Municipal | [ ]  County | [ ]  State | [ ]  Federal |
| **Facility Type:** |  [ ]  Prison |  [x]  Jail |
| **Facility Website with PREA Information:** https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea |
| **Has the facility been accredited within the past three years?** [x]  Yes [ ]  No |
| **If the facility has been accredited within the past three years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past three years):**[x]  ACA [ ]  NCCHC[ ]  CALEA[x]  Other (please name or describe: USMS QAR/CoreCivic Operational Review[ ]  N/A |
| **If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**United States Annual Quality Assurance Review; CoreCivic Annual Operational Audit Review |
| **Warden/Jail Administrator/Sheriff/Director** |
| **Name:** Ronald Baker |
| **Email:** ronald.baker@corecivic.com | **Telephone:** 913-680-6802 |
| **Facility PREA Compliance Manager** |
| **Name:** Claude Maye |
| **Email:** claude.maye@corecivic.com | **Telephone:** 913-680-6802 |
| **Facility Health Service Administrator** [ ]  N/A |
| **Name:** Mindy Graham |
| **Email:** mindy.graham@corecivic.com | **Telephone:** 913-680-6802 |
| **Facility Characteristics** |
| **Designated Facility Capacity:** | 1012 |
| **Current Population of Facility:** | 923 |
| **Average daily population for the past 12 months:**  | 871.20 |
| **Has the facility been overcapacity at any point in the past 12 months?**  | [ ]  Yes [x]  No  |
| **Which population(s) does the facility hold?** | [ ]  Females [ ]  Males [x]  Both Females and Males |
| **Age range of population:**  | 18-70 |
| **Average length of stay or time under supervision:** | 242.37 days |
| **Facility security levels/inmate custody levels:** | Low/Moderate/High |
| **Number of inmates admitted to facility during the past 12 months:** | 3719 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:** | 3719 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*** | 2158 |
| **Does the facility hold youthful inmates?**  | [ ]  Yes [x]  No  |
| **Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)** | Click or tap here to enter text.[x]  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)?** | [x]  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[x]  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: Click or tap here to enter text.[ ]  N/A |
| **Number of staff currently employed by the facility who may have contact with inmates:** | 210 |
| **Number of staff hired by the facility during the past 12 months who may have contact with inmates:** | 90 |
| **Number of contracts in the past 12 months for services with contractors who may have contact with inmates:** | 1 |
| **Number of individual contractors who have contact with inmates, currently authorized to enter the facility:** | 6 |
| **Number of volunteers who have contact with inmates, currently authorized to enter the facility:** | 70 |
| **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.** | 3 |
| **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.** | 21 |
| **Number of single cell housing units:** | 0 |
| **Number of multiple occupancy cell housing units:** | 21 |
| **Number of open bay/dorm housing units:**  | 0 |
| **Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):**  | 44 |
| **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 [x]  N/A  |
| **Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?** | [x]  Yes [ ]  No  |
| **Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?** | [x]  Yes [ ]  No  |
| **Medical and Mental Health Services and Forensic Medical Exams** |
| **Are medical services provided on-site?** | [x]  Yes [ ]  No  |
| **Are mental health services provided on-site?** | [x]  Yes [ ]  No  |
| **Where are sexual assault forensic medical exams provided? Select all that apply.** | [ ]  On-site[x]  Local hospital/clinic[ ]  Rape Crisis Center[ ]  Other (please name or describe: Click or tap here to enter text.) |
| **Investigations** |
| **Criminal Investigations** |
| **Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:**  | 1 |
| **When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.** | [x]  Facility investigators [ ]  Agency investigators[x]  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)** | [x]  Local police department[ ]  Local sheriff’s department[ ]  State police[ ]  A U.S. Department of Justice component[ ]  Other (please name or describe: Click or tap here to enter text.)[ ]  N/A |
| **Administrative Investigations** |
| **Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?** | 1 |
| **When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply** | [x]  Facility investigators [ ]  Agency investigators[x]  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)** | [x]  Local police department[ ]  Local sheriff’s department[ ]  State police[ ]  A U.S. Department of Justice component[ ]  Other (please name or describe: Click or tap here to enter text.)[ ]  N/A |

**Audit Findings**

**Audit Narrative (including Audit Methodology)**

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

The Prison Rape Elimination Act (PREA) on-site audit of the Leavenworth Detention Center, located in Leavenworth, Kansas, was conducted on June 9 - 11, 2020. The Audit was originally scheduled to begin on April 14, 2020, and it was postponed due to Covid19 restrictions. Six weeks in advance of the original audit date, several 8.5 X 11-inch documents were posted throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided inmates, inmates’ families, inmates’ attorneys, and staff with the auditor’s contact information. The auditor verified the placement of these posters. The posters' verbiage was consistent with DOJ auditing expectations. These posters were updated and reposted six weeks before June 9, 2020. The auditor verified the placement of the new posters.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility, along with the data included in the completed Pre-Audit Questionnaire. Approximately six weeks before the original audit date, the auditor received the PRE-Audit Questionnaire and additional documents through a secure electronic transfer via the CoreCivic headquarters. The documents and were organized, highlighted, and tabbed. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures, and other PREA related materials. This review prompted a series of questions that were reduced to writing and submitted to the PREA Compliance Manager for review several weeks before the actual on-site visit. On the morning of June 9, 2020, the institution provided a roster of all inmates housed at the institution; lists of inmates for specific categories to be interviewed, and a list of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The onsite visit was scheduled and completed on June 9 - 11, 2020. The auditor was provided office space in the facility from which to work and conduct confidential staff interviews. Inmate interviews were conducted in a private area in each housing unit. Formal personal interviews were conducted with facility staff and inmates. The auditor interviewed 23 random inmates (four females, 19 males). In addition, the auditor conducted nine (9) specialized interviews: One (1) Inmate With a Physical Disability, one (1) Inmate Who was LEP, two (2) Inmates Who Identified as Lesbian, Gay, or Bisexual, one (1) Inmate Who Identified as Transgender or Intersex, two (2) Inmates Who Reported Sexual Abuse, and two (2) Inmates Who Reported Sexual Victimization During Risk Screening. Fourteen (14) random staff interviews were conducted representing all shifts. Sixteen (16) specialized staff member interviews were conducted, including medical and mental health practitioners, investigators, intake and screening, and human resources (Administrative).

Inmates were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to inmates to report abuse or harassment. Staff members were questioned using the DOJ protocols that allow the auditor to determine their PREA training and overall knowledge of the agency’s zero-tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges abuse, and first responder duties. In total, the auditor conducted 62 interviews involving 32 inmates and 30 staff.

The auditor reviewed training files for ten (10) staff members to determine compliance with training mandates and ten (10) personnel files to determine compliance with background check procedures. Two volunteer files and one contractor file were also reviewed for compliance with training and background check procedures. Ten (10) inmate files were reviewed to evaluate screening/intake procedures and inmate education requirements. The Leavenworth Detention Center reported eight (8) allegations of sexual abuse or sexual harassment in the past 12 months. The auditor was able to review these investigations and related documentation. The Investigator’s files were organized and contained detailed reports of each investigation, including the dates and documentation concerning inmate notification.

The auditor toured the facility escorted by the PREA Compliance Manager and the Warden and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of inmates, Unit layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, inmate entrance and search procedures, and inmate programming. The auditor noted that shower areas allow inmates to shower separately, and shower stalls have plastic curtains for additional privacy. Toilets are in each cell, and inmates are allowed privacy when utilizing their toilets. Several 10-person dormitory-style cells have one toilet facility each. These toilets are separated from the living area by a ½ wall that allows for privacy while toileting (no exposure of body parts) but allows for staff to identify an inmate using the toileting facility. Notices of the PREA audit were posted throughout the facility. The auditor was provided access to the entire facility.

To obtain information about the crisis and advocacy services provided at the facility, the auditor interviewed the Director of Alliance Against Family Violence. The Alliance Against Family Violence serves victims of sexual assault and other crimes against people. Specific services include medical advocacy, legal advocacy, and general advocacy for victims. Alliance Against Family Violence provides compassionate, consistent, trauma-informed services to every member of Leavenworth and Atchison counties impacted by sexual and/or domestic violence, stalking, and human trafficking.

Following the on-site portion of the audit, an audit report was submitted to the Leavenworth Detention Center PREA Compliance Manager, Warden, and Core Civic PREA Coordinator.

The auditor reviewed the CoreCivic website before the audit. The CoreCivic PREA page has information concerning general information on PREA; the agency zero-tolerance policy; how to report PREA violations; information on investigations; and where questions and inquiries can be forwarded to (PREA Coordinator phone and mailing address). It also has several links to include: PREA standards, the CoreCivic PREA policies; CoreCivic 2018 and 2019 PREA Reports; and CoreCivic Institution PREA information. The CoreCivic Institution PREA information link lists each CoreCivic institution with information on that institution's PREA Compliance Manager, third party reporting methods; PREA policy; PREA audit dates; and the last PREA audit report.

Following the entrance meeting with staff, the auditor toured the entire institution and went back to specific areas in the institution as necessary between June 9 - 11, 2020. While touring, random inmates and staff were informally interviewed and questioned about their knowledge of PREA. While touring, several inmates and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting. During the tour, the auditor reviewed staffing, logs; physical plant; sightlines; and camera coverage.

Following the initial tour, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. Formal personal interviews were conducted with facility staff and inmates. Fourteen (14) random staff interviews were conducted representing all shifts. Sixteen (16) specialized staff member interviews were conducted, including medical and mental health practitioners, investigators, intake and screening, and human resources (Administrative). The CoreCivic PREA Coordinator and Agency head representative were interviewed prior to the audit. Staff interviewed were well versed in their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence, first responder duties, and evidence preservation.

The auditor interviewed 23 random inmates (four (4) females, nineteen (19) males). In addition, the auditor conducted nine (9) targeted inmate interviews: One (1) Inmate With a Physical Disability, one (1) Inmate Who was LEP, two (2) Inmates Who Identified as Lesbian, Gay, or Bisexual, one (1) Inmate Who Identified as Transgender or Intersex, two (2) Inmates Who Reported Sexual Abuse, and two (2) Inmates Who Reported Sexual Victimization During Risk Screening. All the inmates interviewed acknowledged receiving PREA information. PREA written materials (posters, pamphlets, and inmate's handbooks) were provided in both Spanish and English. Inmates generally understood the agency’s zero-tolerance policies towards sexual abuse; inmates were aware of the various reporting procedures and indicated that staff of the opposite gender announced their presence when entering a housing area. All the inmates interviewed stated they felt safe at the institution. The auditor found the inmates were aware of PREA in general, and many of the inmates who were interviewed were aware of the Alliance Against Family Violence. No inmates interviewed had utilized the services provided by this organization.

The auditor reviewed eight (8) investigations concerning sexual abuse and sexual harassment at Leavenworth Detention Center. There were five (5) inmate-inmate allegations: one (1) inmate-inmate sexual harassment substantiated; and four (4) inmate-inmate sexual harassment unsubstantiated. There were three (3) staff-inmate allegations: two (2) staff-inmate sexual harassment unsubstantiated; one (1) staff-inmate sexual abuse unsubstantiated.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked CoreCivic and Leavenworth Detention Center staff for their hard work and commitment to the Prison Rape Elimination Act.

**Facility Characteristics**

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

The Leavenworth Detention Center is privately owned and operated by CoreCivic and is in Leavenworth, Kansas. The Leavenworth Detention Center is a 1012 bed facility divided into three compounds. The count on the first day of the audit was 951 inmates. There are 21 housing pods; 19 pods house adult male United States Marshals Service adjudicated and non-adjudicated inmates. Two pods house United States Marshals Services adjudicated and non-adjudicated female inmates.

Compound One consists of A Pod, Center Court, and South End. A Pod is a 16-bed unit housing receiving and discharge. Center Court consists of C, D, E, F, G, and H pods is a 280-bed unit housing general population adjudicated and non-adjudicated United States Marshals Service male inmates. South End consists of L, M, N, and O pods is a 156-bed unit housing general population adjudicated and non-adjudicated United States Marshals Service male inmates. J and K pods consisting of 60 beds housing general population adjudicated and non-adjudicated United States Marshals Service male inmates.

Compound Two consists of four pods Q, R, S, and T. Q and R pods each house 71 general population adjudicated and non-adjudicated United States Marshals Service male inmates.

Compound Three consists of four pods W, X, Y, and Z. W pod houses up to 80 general population non-adjudicated female United States Marshal Service inmates. X pod houses 72 general population adjudicated United States Marshal Service female inmates and eight (8) female segregation cells. Y pod houses 80 United States Marshal Service general population adjudicated and non-adjudicated male inmates who are new intakes. This pod keeps newly arrived inmates in quarantine for a minimum of 14 days. Upon completion of 14 days quarantine, the inmates are placed in a general housing unit. Y pod is utilized to prevent the Covid19 virus from spreading throughout the facility. The auditor notes that the Leavenworth Detention Center has not experienced a Covid19 case within the inmate population. Z pod is an 80- bed segregation unit.

The CoreCivic mission is "advancing corrections through innovative results that benefit and protect all we serve." The mission of the Leavenworth Detention Center is to "Provide meaningful public services to our customers and community by operating the highest quality adult corrections facilities in the United States."

**Summary of Audit Findings**

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

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

**Standards Exceeded**

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** N/A

**Standards Met**

**Number of Standards Met:** 44 **Standards 115.11 through 115.403**

**115.11,115.12,115.13,115.15,115.16,115.17,115.18,115.21,115.22,115.31,115.32,115.33,**

**115.34,115.35,115.41,115.42,115.43,115.51,115.52,115.53,115.54,115.61,115.62,115.63**

**115.64,115.65,115.66,115.67,115.68,115.71,115.72,115.73,115.76,115.77,115.78,115.81**

**115.82,115.83,115.86,115.87,115.88,115.89,115.401,115.403**

**Standards Not Met**

**Number of Standards Not Met:** 0

**List of Standards Not Met:** 0

**PREVENTION PLANNING**

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

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

**115.11 (a)**

* Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? [x]  Yes [ ]  No

* Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? [x]  Yes [ ]  No

**115.11 (b)**

* Has the agency employed or designated an agency-wide PREA Coordinator? [x]  Yes [ ]  No
* Is the PREA Coordinator position in the upper-level of the agency hierarchy? [x]  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? [x]  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.) [x]  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.) [x]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To make a determination of compliance, the auditor reviewed the following policy: CoreCivic Policy 14-2 entitled Sexual Abuse Prevention and Response pages 1-33. The policy provides the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual violence. The policy also includes procedural guidelines, such as screening inmates upon intake, training (for both staff and inmates), reporting procedures (both staff and inmates), intervention procedures, and investigative guidelines. Finally, the policy provides for data collection and data reporting. Also, the Organization Chart for Leavenworth Detention Center was reviewed.

To determine compliance, the auditor interviewed the PREA Coordinator, the PREA Compliance Manager, and the Warden. The PREA Coordinator indicated he had enough time to coordinate the agency’s PREA compliance efforts. The PREA Compliance Manager indicated he had enough time to coordinate the facility's PREA Compliance efforts. Both the PREA Coordinator and the PREA Compliance Manager were knowledgeable concerning PREA and articulated the vision of zero tolerance at Leavenworth Detention Center.

To determine compliance, the following observations were made during the on-site tour of the facility: The housing units (PODS) had signs informing inmates of their right to be free of sexual abuse. There were signs in both English and Spanish informing inmates about how to report incidents of sexual abuse. Also, there was information available concerning local services provided by Alliance Against Family Violence, a Community Services Sexual Assault and Family Trauma Advocacy Program. This program provides compassionate, consistent, trauma-informed services to every member of Leavenworth and Atchison counties impacted by sexual and/or domestic violence, stalking, and human trafficking.

The following describes how the evidence above was used to determine compliance. Leavenworth Detention Center has a zero-tolerance policy and training program that meets the requirements for this standard. The policy provides the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse.

The Leavenworth Detention Center has a zero-tolerance policy and training program that meets the requirements for this standard. The CoreCivic Policy 14-2 entitled Sexual Abuse Prevention and Response, provides the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The policy also includes procedural guidelines, such as screening inmates upon intake, training (for both staff and inmates), reporting procedures (both staff and inmates), intervention procedures, and investigative guidelines. Finally, the policy provides for data collection and data reporting.

The overriding approach taken by Leavenworth Detention Center to eliminate or prevent sexual abuse and sexual harassment of its inmates is to ensure uniformity of implementation of the agency’s zero-tolerance policy in all areas of the facility. Including providing definitions of prohibited behaviors regarding sexual abuse and sexual harassment and prescribing sanctions against staff and inmates who engage in sexual abuse or sexual harassment. In the event of an allegation of sexual abuse or sexual harassment, Leavenworth Detention Center has developed a coordinated response plan that ensures the safety and security of the alleged victim while providing for a comprehensive and systematic investigation into the allegation.

The policy applies to all Leavenworth Detention Center staff, including employees (including full-time, part-time, temporary and on-call), volunteers and contractors, as well as inmates at Leavenworth Detention Center.

Leavenworth Detention Center utilizes the following strategies to reduce and prevent sexual abuse and sexual harassment at the facility:

1. Designating a staff member as the Leavenworth Detention Center PREA Compliance Manager, who will ensure that the Leavenworth Detention Center is in full compliance with all PREA standards.

2. Training staff (including contractors and volunteers) to detect sexual abuse and sexual harassment.

3. Screening for risk of sexual victimization and abusiveness.

4. Requiring all staff (including contractors and volunteers) to promptly report all reported or suspected incidents of sexual abuse, sexual harassment, and retaliation.

5. Responding promptly and effectively to all reports of sexual abuse, sexual harassment, and retaliation by ensuring that staff (including contractors and volunteers) cooperates fully with any investigation.

6. Administering sanctions for those found to have participated in prohibited behavior.

7. Providing medical and mental health care to victims and abusers.

8. Performing an annual evaluation to assess how Leavenworth Detention Center can improve its zero-tolerance policy and procedures.

9. Ensuring that the Leavenworth Detention Center is audited for PREA compliance.

The PREA Compliance Manager indicated he had enough time to manage and oversee the implementation of PREA standards. The auditor reviewed the PREA Policy and the Leavenworth Detention Center Organizational Chart. Also, interviews were conducted with the PREA Coordinator and the PREA Compliance Manager and the Warden. The Warden supported the efforts of the PREA Coordinator, and the PREA Compliance Manager.

Leavenworth Detention Center Policy 14-2 entitled Sexual Abuse Prevention and Response pages 1-2 address 115.11. (a, b, c)

Given the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.11

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

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

**115.12 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

According to the Warden, PREA Compliance Manager, and the PREA Coordinator, there are no Leavenworth Detention Center contracts with other agencies or providers for the confinement of offenders designated to the custody of the facility.

Standard 115.12 is not applicable.

**Standard 115.13: Supervision and monitoring**

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

**115.13 (a)**

* Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
* In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? [x]  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? [x]  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? [x]  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? [x]  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)? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No [ ]  NA
* In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable state or local laws, regulations, or standards? [x]  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? [x]  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? [x]  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 [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No
* Is this policy and practice implemented for night shifts as well as day shifts? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The following policy and supporting documentation were reviewed to determine compliance, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 8-10. The Annual PREA Staffing Plan Assessment dated September 11, 2019, and August 2, 2018, The PREA Compliance Manager reports that the Leavenworth Detention Center supervisors to develop, document, and make efforts to comply regularly with a staffing plan that provides for adequate levels of staffing. Also, video monitoring is utilized to protect offenders against sexual abuse.

The auditor notes each of the eleven (11) factors, identified for consideration in staffing plan development, are identified and addressed.

An interview was conducted with the PREA Coordinator concerning staffing levels, staffing reports, and annual reports to determine compliance.

The auditor observed appropriate staffing levels throughout the facility to determine compliance.

The following describes how the evidence above was used to conclude compliance. Leavenworth Detention Center implements a staffing plan that provides adequate levels of staffing. In addition to staff members, there is video monitoring available to protect inmates from sexual abuse. The staffing plan is reviewed every year by the Coordinator, the Compliance Manager, the Warden, and the Vice President of Facilities Operations. The staffing plan is complied with, and there have been no deviations from the staffing plan in the past 12 months. The facility staffing plan is reviewed yearly, and this review includes a vulnerability analysis that looks at the physical plant, video monitoring systems, and the overall allocation of resources.

The Staffing plan review includes a review of any judicial findings (none), or inadequacies from federal investigative or internal/external oversight agencies (none). The plan reviews the facility's architectural weaknesses. The review includes a review of the population statistics for the previous year and an analysis of the population for the day in which the review took place.

The PREA Compliance Manager reports the facility does document and justify all deviations from the staffing plan each time there is non-compliance. If any deviations from the staffing plan arise, explanations for deviations are documented.

The PREA Compliance Manager states that during the last twelve (12) months, there were zero (0) instances wherein staffing ratios deviated from the established staffing plan.

During the facility tour, the auditor observed direct supervision in housing pods. The auditor observed a staff member moving from room to room in program areas.

The PREA Coordinator, in collaboration with the PREA Compliance Manager, reviews the staffing plan to determine whether adjustments are needed; prevailing staffing patterns are considered; the deployment of monitoring technology is considered, and requests for video surveillance upgrades are made. It is noted that the annual staffing plan is reviewed by the PREA Coordinator, the PREA Compliance Manager, the Warden, and the Vice President of Facility Operations.

Intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 9-10, addresses 115.1(d).

The auditor's review of Supervisor Unannounced Rounds logs covering the time frames between September 2019 and March 2020 reveals substantial compliance with 115.1(d). Rounds cover each of the three shifts, and the logs include the supervisor's initials and corresponding dates. The Warden, Assistant Warden, Chief of Security, Chief of Unit Management, Facility Duty Officer, Shift Supervisors and Unit Managers all sign Unannounced PREA/Security rounds in areas throughout the facility to enhance informal contact with the inmate population and ensure a safe and sanitary environment for both inmates and staff.

The intermediate or higher-level staff indicate unannounced PREA rounds are conducted. To prevent staff from alerting other staff, the Supervisor interviewed reported the random checks are always random and staggered, and never predictable. During the facility tour, the auditor quired Pod Staff concerning a supervisor’s presence in the Pod. The Pod Officer indicated a Supervisor generally makes rounds several times during a shift.

Given the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.13

**Standard 115.14: Youthful inmates**

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

**115.14 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

According to the Warden, PREA Compliance Manager, and the PREA Coordinator, there are no youthful inmates housed at the Leavenworth Detention Center.

Given the above, the auditor finds this standard does not apply to the Leavenworth Detention Center.

**Standard 115.15: Limits to cross-gender viewing and searches**

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

**115.15 (a)**

* Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? [x]  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.)

[x]  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.) [x]  Yes [ ]  No [ ]  NA

**115.15 (c)**

* Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? [x]  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.) [x]  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? [x]  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? [x]  Yes [ ]  No
* Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The PRE-Audit Questionnaire indicates cross-gender strip or cross-gender visual body cavity searches of inmates are not conducted at Leavenworth Detention Center. Accordingly, no cross-gender strip or cross-gender body cavity searches of inmates were conducted at Leavenworth Detention Center during the audit period.

CoreCivic Policy 9-5, Searches of Inmates/Residents and Various Locations, pages 2-4, and Policy 14-2, Sexual Abuse Prevention and Response, pages 2, 7, 15 and,16 address 115.15(a). Of note, policy 9-5, Searches of Inmates/Residents, and Various Locations, page 4 stipulates, body Cavity searches are not authorized at CoreCivic facilities and will not be conducted by CoreCivic personnel without the prior approval of the Vice President of Operations.

Strip searches, if warranted, are conducted by staff of the same sex as the inmates and are based on reasonable suspicion. All strip searches are documented, Policy 9-5, Searches of Inmates/Residents, and Various Locations page 4. Strip searches are conducted by same-sex staff. There is no instance at the Leavenworth Detention Center in which a cross-gender strip search has been undertaken. Additionally, there has been no body cavity searches during the audit period.

The PRE-Audit Questionnaire indicates the facility does not permit cross-gender pat-down searches of female inmates. The PREA Compliance Manager further asserts zero (0) cross-gender pat-down searches were conducted within the last 12 months.

The CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 15-16, addresses 115.15(b).

All fourteen (14) random staff interviewees assert they are restricted from conducting cross-gender pat-down searches unless it was an exigent circumstance. Staff interviewees indicated exigent circumstances were temporary unforeseen circumstances that required immediate actions to combat a threat to security or institutional order.

All twenty-three (23) random inmate interview participants indicated they were always searched by a staff member of the same sex.

The PRE-Audit Questionnaire indicates that all cross-gender strip searches and cross-gender pat-down searches are documented. The PRE-Audit Questionnaire indicates no cross-gender strip searches or cross-gender pat searches have occurred at the facility.

The CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 15, addresses 115.15(c).

The PRE-Audit Questionnaire indicates, policies and procedures have been implemented at Leavenworth Detention Center 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 (this includes viewing via video camera). The PREA Compliance Manager further relates policies and procedures require the staff of the opposite gender to announce their presence when entering an inmate housing unit.

All fourteen (14) random staff interviewees indicate they announce their presence when entering a housing unit that houses inmates of the opposite gender. All random staff interviewees indicated that inmates could dress, shower, and use the toilet without being viewed by a staff of the opposite gender.

Twenty-two of the twenty-three (23) inmate interviewees indicated opposite gender staff announce their presence when entering a housing area by verbalizing male or female on the pod. All inmate interviewees stated they and their peers are never naked or in full view of opposite gender staff when they shower, toilet, or change clothes.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 16, addresses 115.15(d).

The PRE-Audit Questionnaire indicates there is a Leavenworth Detention Center policy prohibiting staff from searching or physically examining a transgender/intersex inmate for the sole purpose of determining the inmate's genital status. According to the PREA Compliance Manager, no such searches have been conducted during the audit period.

All random staff interviewees indicated the facility prohibits staff from searching or physically examining a transgender/intersex inmate for the sole purpose of determining the inmate's genital status. All interviewees indicated they are aware of the expectation.

The CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 15-16 addresses 115.15(e).

The PRE-Audit Questionnaire indicates security staff has received training on conducting pat-down searches. The auditor reviewed the Training Curriculum and the staff training rosters indicating the participation of the staff. The auditor asserts that the Leavenworth Detention Center staff are compliant with 115.15 (f).

CoreCivic Policy 9-5, Searches of Inmates/Residents and Various Locations, pages 2-4, and Policy 14-2, Sexual Abuse Prevention and Response, pages 2, 7, 15 and,16 address 115.15(a).

The CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 15-16, addresses 115.15(b).

The CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 15, addresses 115.15(c).

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 16, addresses 115.15(d).

The CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 15-16 addresses 115.15(e).

Given the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.15

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

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

**115.16 (a)**

* Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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)? [x]  Yes [ ]  No
* Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No
* Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The following policy and documentation were reviewed to determine compliance: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 14, Inmate Handbook, PREA Bulletins, Orientation Acknowledgement, Language line Interpreter Contract, and the Leavenworth Detention Center Braille Inmate Handbook.

Interviews were conducted with two (2) staff members who conduct initial intake interviews to determine compliance. The auditor observed the intake paperwork, the information provided concerning PREA, and had staff explain what procedures would be followed if an inmate was having trouble understanding the material. Intake information is available in English and Spanish.

The following describes how the evidence above was used to conclude compliance. Leavenworth Detention Center has procedures to provide disabled inmates with the opportunity to participate in the center’s efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, Leavenworth Detention Center has agreements with interpreters to assist in providing effective communication with inmates who do not understand English. The Leavenworth Detention Center does not rely on inmate interpreters.

The intake staff members are prepared to provide information in a format that will allow inmates with limited reading skills, hearing disabilities, intellectual disabilities, or low vision to know and understand all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For inmates with limited reading skills, staff members will read information to the inmates.

The auditor conducted intake staff interviews; in each of the interviews, staff indicated they not only provide PREA information to inmates, but they would take the time to ensure the inmates understood the material provided. The staff indicated they were prepared to provide information concerning the entire intake process to inmates who were either blind or Deaf.

The auditor reviewed samples of PREA Posters in both English and Spanish. The PREA information provided to inmates is also available in Spanish. Finally, interviews with facility staff indicate a variety of methods are available to ensure inmates understand the material as it is presented to them.

The Auditor reviewed the intake procedures, the printed materials for inmates, and reporting mechanisms. At the time of the audit, there were no Deaf or blind inmates present in the population.

Intake staff members are prepared to provide materials to inmates who have limited sight. Documents in a large print font are available or can be quickly printed.

According to a conversation with the PREA Compliance Manager, inmate education for inmates who are deaf or present with hearing disabilities would be accommodated by the written PREA information during orientation, the Resident handbook, and the PREA Brochure. These methods present opportunities for the inmate to read procedures. Regarding inmates who are blind or present with visual disabilities, the PREA Compliance Manager advised staff would read relevant information to the affected inmates or provide the inmates with a Braille version of the handbook.

Leavenworth Detention Center does not utilize inmate interpreters in any circumstances. However, random staff interviews indicate that inmate information provided during an emergent situation (where an extended delay in obtaining a competent interpreter could compromise the inmate's safety) brief interpretation of the emergent situation would be allowed. At the same time, the staff indicated that the protection of the victim was the most critical factor.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page, 14, Inmate Handbook page 22-24 (English and Spanish) addresses 115.16(a).

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 14, PREA Orientation brochure, and the Inmate Handbook addresses 115.16(b).

CoreCivic Policy Sexual Abuse Prevention and Response, page 14, addresses 115.16(c).

Given the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.16.

**Standard 115.17: Hiring and promotion decisions**

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

**115.17 (a)**

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

**115.17 (c)**

* Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No
* Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? [x]  Yes [ ]  No

**115.17 (g)**

* Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? [x]  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.) [x]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The PRE-Audit Questionnaire indicates 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:

a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

c. Has been civilly or administratively adjudicated to have engaged in the activity described above.

The auditor's review of a Leavenworth Detention Center application reveals the three questions articulated in 115.17(a) are addressed.

The auditor's review of ten (10) staff Human Resource files, files reveals the three questions identified in 115.17(a) were asked pursuant to the application. The questions were asked before the date of hire.

The PRE-Audit Questionnaire indicates, 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.

The auditor's random review of employee Human Resource files reveals reference checks of previous employers were completed. The auditor finds Leavenworth Detention Center compliant with 115.17(b).

The Human Resources interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with inmates.

The Human Resource interviewee asserts the facility performs criminal background record checks, consults appropriate child registries in the state or locality in which the employee will work, or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees who may have contact with inmates, who are considered for promotions.

The same procedure applies to contractors who may have contact with inmates. After the initial application, there is an initial interview, and criminal background record checks and child abuse registry checks are completed.

Ninety (90) full-time staff were hired within the past 12 months. All criminal background checks and child registry checks were completed appropriately. Additionally, background checks are completed every five years for current employees, according to the Human Resource Administrator.

The Auditor reviewed ten (10) employee files, both initial criminal background checks, and yearly criminal background checks had been completed. Employees who fail to disclose information concerning misconduct can be terminated from employment. The Human Resource staff confirmed that background checks are completed every five years and that appropriate sanctions are available for staff members who fail to report misconduct. The Human Resource staff further indicated that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment to the requesting agency. The auditor notes that criminal background checks on employees are required every five years; Leavenworth Detention Center meets this standard.

The Auditor reviewed policies, application materials, personnel review materials, and personnel files. As indicated by the Human Resource Staff, any deception, misinformation, or misinformation by the omission of information at any stage during the application and Employment Screening Process shall disqualify the applicant from employment with CoreCivic.

The Background investigation includes a review of the following criteria: Criminal History/Activity: Any applicant with the following criminal/traffic conviction history or criminal/illegal activity shall typically be disqualified from employment. Any Conviction of any crime consisting of engaging or attempting to engage in sexual activity in the community by using force, overt, or implied threats of force or coercion is disqualified from employment. An NCIC criminal history check is completed on every applicant.

Leavenworth Detention Center considers any incidents of sexual harassment during the application process.

Agency policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring. Criminal background checks are required. The Human Resource staff interview confirmed these efforts.

CoreCivic Policy .14-2, Sexual Abuse Prevention and Response, page 5, addresses 115.17(a) (b) (c) (d) (e) (f) and (g).

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 6, addresses 115.17(h).

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.17.

**Standard 115.18: Upgrades to facilities and technologies**

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

**115.18 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

Leavenworth Detention Center has been operated by CoreCivic since 1992. Leavenworth Detention Center has made minor changes to its video monitoring equipment (Camera Upgrades). The PREA Coordinator and the PREA Compliance Manager both indicated the importance of utilizing technology to enhance the protection of inmates from incidents of sexual abuse.

The auditor notes there is a total of 194 cameras with recording capabilities at the Leavenworth Detention Center. The PRE-Audit Questionnaire indicates no facility expansion or camera updates have occurred since the last PREA audit.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 31-32 address 115.18 (a and b).

The Leavenworth Detention Center is compliant with 115.18.

**RESPONSIVE PLANNING**

**Standard 115.21: Evidence protocol and forensic medical examinations**

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

**115.21 (a)**

* If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) [x]  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.) [x]  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.) [x]  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? [x]  Yes [ ]  No
* Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? [x]  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)? [x]  Yes [ ]  No
* Has the agency documented its efforts to provide SAFEs or SANEs? [x]  Yes [ ]  No

**115.21 (d)**

* Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? [x]  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 [x]  NA
* Has the agency documented its efforts to secure services from rape crisis centers? [x]  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? [x]  Yes [ ]  No
* As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? [x]  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.) [x]  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 [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

In order to make a determination of compliance, the following policy and other documentation were reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 2,3,10,24, and 25, Alliance Against Family Violence MOU, Leavenworth Police Department MOU and the Crime Scene Preservation Lesson Plan. The policy, MOU’s, and the lesson plan provide information on the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The documentation also provides guidance on evidence protocol, forensic medical examinations, and specialized training.

The auditor reviewed the Memorandum of Understanding between Leavenworth Detention Center and Alliance Against Family Violence, a community based Sexual Advocacy Center. The auditor reviewed the Alliance Against Family Violence information that is provided to inmates. Finally, the auditor reviewed the Leavenworth Police Department MOU, which indicates the Leavenworth Police Department will follow protocols, including the collection of evidence as established by local law enforcement. A review of the Leavenworth Police Department protocols includes guidelines for investigating and collecting evidence and contacting a Sexual Assault Nurse Examiner (SANE) to conduct a sexual assault examination. The evidence obtained from that examination is provided to the County Attorney’s office to aid in prosecuting the case.

Interviews were conducted with the Director of Alliance Against Family Violence and the PREA Compliance Manager to determine compliance.

The following describes how the evidence above was used to conclude compliance. Leavenworth Detention Center is responsible for conducting administrative sexual abuse investigations. The Leavenworth Detention Center investigator handles all the administrative proceedings regarding PREA allegations. Criminal investigations are conducted by the Leavenworth Police Department or, if necessary, the United States Marshall Service.

In the event of an incident, all victims are provided access to forensic medical examinations at a health care facility (St. Luke’s, Cushing Hospital). All inmates who experience sexual abuse have access to forensic medical examinations at an outside facility, without financial cost pursuant to CoreCivic procedures.

Sexual Assault Nurse Examiners perform examinations. St. Luke’s SANE program utilizes the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition. There have been no incidents at Leavenworth Detention Center that required a forensic medical exam in the past 12 months.

The auditor reviewed the Memorandum of Understanding between Leavenworth Detention Center and Alliance Against Family Violence. Additionally, the auditor interviewed the Director of the Alliance Against Family Violence. Both the agency and the Sexual Assault Center indicated a victim of a sexual assault would be provided an advocate and services for intervention and related assistance. The advocate would support the victim through the forensic examination and investigatory interviews. The PREA Compliance Manager established an appropriate Memorandum of Understanding that meets the requirements to provide services to victims of sexual abuse or harassment.

Leavenworth Detention Center is responsible for conducting administrative sexual abuse investigations. The Leavenworth Police Department coordinates criminal investigations. This agency follows a uniform evidence protocol that maximizes the potential for obtaining good physical evidence for both criminal prosecutions and administrative proceedings, which take place after the criminal process is completed.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 24, addresses 115.21(a) (b) and (c).

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 24 – 25 and the Alliance Against Family Violence MOU addresses 115.21(d) and (e).

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 24, and the Leavenworth Police Department sexual assault Investigation Protocols address 115.21(f).

Based on the policy review, a review of the MOU, a review of the brochures provided to inmates, a review of the Leavenworth Police Department Investigation protocols, interviews with the PREA Coordinator and an interview with the Alliance Against Family Violence Director, the Auditor has determined the Leavenworth Detention Center substantially complies with standard 115.21.

**Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

**115.22 (a)**

* Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? [x]  Yes [ ]  No
* Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? [x]  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? [x]  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? [x]  Yes [ ]  No
* Does the agency document all such referrals? [x]  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).) [x]  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*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

In order to make a determination of compliance, the following policies were reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 1,23, and 24. Additionally, the auditor reviewed the MOU between the Leavenworth Detention Center and the Leavenworth Police Department and the Leavenworth Detention Center Web site https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea.

To determine compliance, interviews were conducted with the PREA Compliance Manager, PREA Coordinator, and the Investigator.

To determine compliance, the auditor observed signs in both English and Spanish, informing inmates about how to report an incident of sexual assault or sexual harassment.

The following describes how the evidence above was used to conclude compliance. Leavenworth Detention Center ensures that both administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Appropriate procedures are in place to ensure investigation will be completed. Leavenworth Detention Center has systems in place that require investigations by proper Law Enforcement Agencies, and staff at Leavenworth Detention Center have been trained to conduct administrative investigations involving sexual abuse or harassment. If an administrative investigation potentially involves criminal behavior, the investigation is referred to the Leavenworth Police Department. The Leavenworth Police Department conducts criminal investigations. This agency follows a uniform evidence protocol that maximizes the potential for obtaining good physical evidence for both criminal prosecutions and administrative proceedings, which take place after the criminal process is completed. Leavenworth Detention Center is responsible for conducting administrative sexual abuse investigations.

The agency documents all referrals. The Leavenworth Detention Center Web site provides information concerning PREA, and the PREA Policy is posted on the Web site. The information presented indicates an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All claims of sexual abuse or sexual harassment are referred for investigation.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 1, 23, and 24 address 115.22(a).

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, Page 24, and the Leavenworth Police Department MOU address 115.22(b).

Based on a review of the policy, and interviews with the Warden, PREA Compliance Manager, and the Investigator, the Auditor concludes there is substantial compliance with standard 115.22.

**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

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

**115.31 (a)**

* Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? [x]  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? [x]  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 [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No
* Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? [x]  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? [x]  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? [x]  Yes [ ]  No

**115.31 (b)**

* Is such training tailored to the gender of the inmates at the employee’s facility? [x]  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? [x]  Yes [ ]  No

**115.31 (c)**

* Have all current employees who may have contact with inmates received such training? [x]  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? [x]  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? [x]  Yes [ ]  No

**115.31 (d)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

In order to make a determination of compliance, the following policy and other documentation were reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response; pages 6 and 7. The auditor reviewed the CoreCivic PREA Overview Facilitator Guide, and the Training Activity Attendance Rosters for September 2019, November 2019, and December 2019. The auditor reviewed the PREA Policy Acknowledgement and the Training Acknowledgement forms for employees. This form contains the following required verbiage “I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received.” Finally, the auditor reviewed ten (10) Employee Training records.

To make a determination of compliance, the auditor interviewed fourteen (14) random staff.

To make a determination of compliance, the auditor observed several informational signs throughout the facility detailing how to make a report of sexual assault or sexual harassment. In addition, the auditor saw staff making announcements when entering a housing unit. Finally, the auditor interviewed staff to determine their knowledge and understanding of the training they had received.

The following describes how the evidence above was used to conclude compliance. Leavenworth Detention Center trains employees on zero tolerance and an employee’s responsibilities to prevent, detect, report, and respond to incidents of sexual abuse and harassment. Employees are informed of the inmates’ right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment. Employees are trained on the dynamics of sexual abuse in confinement, the reactions of victims, and how to detect sexual abuse. Employees receive training on standards of conduct, inappropriate relationships with inmates, and how to communicate with all inmates effectively. In addition, mandatory reporting laws are reviewed. The training is tailored to the inmates at Leavenworth Detention Center. Leavenworth Detention Center houses both male and female inmates. All employees have been trained, they are trained annually, and the auditor confirmed the training records of ten employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.

Employees are aware of Leavenworth Detention Center’s current sexual abuse and sexual harassment policies and standard operating procedures. Leavenworth Detention Center documents that employees understand the training they have received. The auditor reviewed Employee Training records, and each file reviewed contained documentation on the date of hire, PREA Training Dates, and Acknowledgement documents. The training records indicate that PREA training occurred annually.

Staff members who were interviewed by the Auditor indicated a clear understanding of the Prison Rape Elimination Act. The random staff interviewed were able to recall information from the training, such as the zero tolerance for sexual assault and sexual harassment, professional and gender-specific pat search procedures, how to respond to sexual assaults and duties of the first responder. Staff members recalled how to avoid inappropriate relationships with inmates, the dynamics of sexual abuse in prison, and how to detect signs of sexual abuse. All employees have been trained, and the auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 6 and 7 and the CoreCivic PREA Overview Facilitator Guide address 115.31(a).

CoreCivic PREA Overview Facilitator Guide addresses 115.31(b).

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 6 addresses 115.31(c)

Training Records with signatures, including the "I understand caveat," addresses 115.31(d).

Based on the above information, the Leavenworth Detention Center complies with this standard.

**Standard 115.32: Volunteer and contractor training**

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

**115.32 (a)**

* Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? [x]  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)? [x]  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*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The following documentation was reviewed to determine compliance: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 8, The auditor reviewed the CoreCivic PREA Overview Facilitator Guide and the Training Activity Attendance Roster for March 2019. The auditor reviewed the Policy Acknowledgement form for Volunteers. This form contains the following required verbiage “I have reviewed CoreCivic Policy 14-2 Sexual Prevention and Response and fully understand the contents contained in the policy.” Finally, the auditor reviewed two (2) Volunteer Training records and one (1) Contractor Training record.

The following describes how the evidence above was used to conclude compliance. The auditor reviewed the training material and the documentation that must be completed by each contractor or volunteer. Leavenworth Detention Center trains the volunteers and contractors on zero tolerance and responsibilities to prevent, detect, report, and respond to incidents of sexual abuse and harassment. Volunteers and Contractors are informed of the inmates’ right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment. Volunteers and Contractors are trained on the dynamics of sexual abuse in confinement, the reactions of victims, and how to detect sexual abuse. Standards of Conduct are reviewed as well as inappropriate relationships with inmates and how to communicate with all inmates effectively.

The auditor interviewed two (2) volunteers. Each of the volunteers had received training within the past 12 months. Each was able to recall information from the training, such as responsibilities for recognizing potential sexual harassment issues or sexual assault issues, their responsibility to report any concerns, inappropriate relationships, and zero tolerance.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 8, and the CoreCivic PREA Overview Facilitator Guide address 115.32(a).

CoreCivic PREA Overview Facilitator Guide addresses 115.32(b).

Training Records with signatures, including the "I understand caveat," addresses 115.32(c).

Based on the above information, the Leavenworth Detention Center complies with this standard.

**Standard 115.33: Inmate education**

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

**115.33 (a)**

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

**115.33 (c)**

* Have all inmates received the comprehensive education referenced in 115.33(b)? [x]  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? [x]  Yes [ ]  No

**115.33 (d)**

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

**115.33 (e)**

* Does the agency maintain documentation of inmate participation in these education sessions? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To make a determination of compliance, the following policies and other documentation were reviewed: Leavenworth Detention Center Policies 14-1 Inmate/Residents Rights, page 2 and 14-2 Sexual Abuse Prevention and Response, pages 13-14. The auditor reviewed the Inmate Handbook pages 22-24; the Prison Rape Elimination Acknowledgement formed signed by inmates during intake, the Receiving and Discharge form signed by inmates acknowledging receipt of the handbook, the Orientation Acknowledgement signed by inmates, the PREA Video Acknowledgement form signed by inmates and informational flyers/brochures concerning the sexual assault zero tolerance and reporting information. Finally, the auditor reviewed ten (10) inmate files documenting admission date, orientation date, and comprehensive education date.

To make a determination of compliance, interviews were conducted with intake staff, staff who conduct Risk Assessments, and inmates.

To make a determination of compliance, the following observations were made during the on-site tour of the facility: Throughout the facility, there is information posted about PREA, Zero Tolerance, and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available.

The following describes how the evidence above was used to conclude compliance. Inmates receive information on zero tolerance, how to report incidents of sexual abuse and harassment, their right to be free from sexual abuse and harassment, and to be free from retaliation for reporting incidents. In addition, inmates are informed about how the Leavenworth Detention Center will respond to such events.

Intake Staff interviews verify that inmates receive the appropriate information. In addition to this information, inmates are provided a handbook that also includes information concerning Zero Tolerance and how to report sexual abuse and harassment. The auditor confirmed that all inmates receive this information. Interviews with inmates also confirm that Leavenworth Detention Center Staff provides information on reporting incidents of sexual abuse. The facility documents the receipt of this information. Interpretation services are offered to inmates who may not be able to understand the presented material. Inmate education is provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates who have limited reading skills.

Throughout the facility, there is information posted about PREA, Zero Tolerance, and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available.

The Auditor also reviewed a random sample of inmate files, and each file reviewed contained documentation to support an inmate’s initial intake and the information concerning PREA that was provided during intake and information concerning the inmate’s participation in the comprehensive PREA education. During the random inmate interviews, all inmates indicated they had received a handbook and had received information concerning PREA.

The auditor's review of PREA Education forms reveals that inmates received comprehensive PREA Education at the Leavenworth Detention Center. The inmate signs and dates the form, affirming receipt, and understanding of the training.

The PREA Compliance Manager reports all inmates, received within the last 12 months, have been educated within ten days of Intake.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 13 addresses 115.33(a) (b) and (c).

CoreCivic Policy 14-1, Inmate/Resident Handbook, page 2, and CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 14 addresses 115.33(d).

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 14, and the Prison Rape Elimination Acknowledgement form addresses 115.33(e).

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 14, and the auditor’s observation of posters in housing wings, receiving and discharge, and program/operational areas address 115.33(f)

In view of the above, the auditor finds Leavenworth Detention Center substantially complies with 115.33.

**Standard 115.34: Specialized training: Investigations**

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

**115.34 (a)**

* In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) [x]  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).) [x]  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).) [x]  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).) [x]  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).)

 [x]  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).) [x]  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*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To make a determination of compliance, the following policies and other documentation were reviewed: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 7. The auditor reviewed a training certificate for the investigator from the National Institute of Corrections. The auditor notes the curriculum Specialized Training: Investigating Sexual Abuse in Confinement Settings is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.34 requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.34.

To determine compliance, interviews were conducted with the investigator for Leavenworth Detention Center.

The following describes how the evidence above was used to conclude compliance. Leavenworth Detention Center conducts administrative investigations involving sexual abuse and sexual harassment. The investigator has received training in conducting investigations in confinement settings. The title of the training is “Investigating Sexual Abuse in a Confinement Setting.” That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The auditor reviewed the training certificate and interviewed the Investigator. The Investigator is aware of his responsibilities during an investigation; he indicated that upon notification of an allegation, the investigation would begin immediately. Any allegation that potentially involved criminal behavior would require police involvement. The training he took covered all areas of the investigative process, interviewing techniques, evidence collection, evidence protection, and victim advocacy, securing and processing the scene for evidence, and securing all evidence maintaining the integrity of the evidence and seeing to the needs of the victim, providing advocacy support from the Mental Health Staff. The investigator stated he would review memorandums, collect as much data as possible, and write a report. The training reviewed good interpersonal communication skills with inmate victims, assailants, and witnesses, understanding of the dynamics of inmate sexual violence establishing good working relationships with outside agencies, hospitals, prosecutors, and other investigators.

The investigator noted that Anonymous or third-party reports would be thoroughly investigated as soon as possible. A third party or an anonymous tip would be treated the same as a direct report. The investigator indicated that if the incident were criminal in nature, he would not collect specific physical and DNA evidence, he would aid the investigating agency by providing victim and perpetrator information such as any pertinent central file information, information concerning prior complaints and reports of previous sexual abuse and he would provide any information on prior investigations involving either the victim or the perpetrator.

The CoreCivic Policy 14-2A, page 7, indicates, Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The NIC Course taken by the Investigator, provides techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In addition to the NIC Course, the investigator participated in the RELIAS training courses entitled “PREA: Investigation Protocols” and PREA Investigations: What Happens After an Allegation.” These training courses provide specific information concerning the role of the investigator and what steps are involved in criminal or administrative investigations.

In addition to the Investigator interview, the auditor was provided documentation to substantiate the training for the investigators. The auditor notes the investigator was a Special Investigative Agent for the Federal Bureau of Prisons. In addition to the training provided by CoreCivic, the Investigator participated in Special Investigative Supervisor – Special Investigative Agent (SIS-SIA) Training. This training course provides specific information concerning the role of the investigator and what steps are involved in criminal or administrative investigations. Additionally, the course provides training on interviewing techniques, documenting evidence, and the appropriate use of the Garrity warning.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 7, addresses 115.34(a).

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 7, and the Training certificates for the investigator indicating completion of the training courses “Investigating Sexual Abuse in a Confinement Setting,” “PREA: Investigation Protocols” and PREA Investigations: What Happens After an Allegation,” addresses 115.34 (b and c).

Based on the review of the training record, the investigator interview, policy 14-2, and the training curriculum, the auditor determines there is substantial compliance with this standard.

**Standard 115.35: Specialized training: Medical and mental health care**

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

**115.35 (a)**

* Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) [x]  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.) [x]  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.) [x]  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.) [x]  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* theagency does not employ medical staff.)

[ ]  Yes [ ]  No [x]  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.) [x]  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.)

[x]  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.) [x]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy was reviewed: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 6-8. Additionally, the auditor reviewed the CoreCivic PREA Overview Facilitator Guide and the CoreCivic PREA Specialty Training for Medical and Mental Health.

To make a determination of compliance, interviews were conducted with the Mental Health Coordinator, the Health Systems administrator, and nursing staff.

The following describes how the evidence above was used to conclude compliance. The Leavenworth Detention Center provides PREA training to the medical and mental health practitioners who work in the facility. The training includes how to detect signs of sexual abuse/harassment, how to prevent the destruction of evidence, how to respond to victims and how to report allegations or suspicions of sexual abuse and sexual harassment. Facility medical staff do not conduct forensic examinations. Additionally, medical and mental health staff receive training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and sexual harassment. The auditor confirmed that training was provided to the Medical and Mental Health staff. Interviews with the Mental Health staff and Medical staff confirmed the practice. The Mental Health Coordinator indicated CoreCivic provides training on PREA and, more specifically, responding to incidents of sexual assault. During that interview, the Mental Health Coordinator clearly stated an understanding of the Leavenworth Detention Center Zero Tolerance policy and the appropriate protocols for dealing with incidents involving sexual assault and sexual harassment.

Mental Health Staff has received specialized training on detecting signs of sexual abuse and how to respond effectively to victims of sexual abuse.

Medical staff members receive training provided by CoreCivic. This training includes detecting signs of sexual abuse and how to respond effectively to victims of sexual abuse. All Mental Health staff and Medical Staff participate in annual training provided by the Leavenworth Detention Center, which covers the PREA in detail

.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 7 addresses 115.35(a).

Leavenworth Detention Center medical staff do not conduct Forensic Evaluations, as noted in the Pre-Audit Questionnaire and the Health Systems Administrator interview. (addresses 115.35(b)

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response (pg. 6) addresses 115.35(c) and (d).

Based on the interviews conducted with medical and mental health staff and the documentation concerning the training they had received from Leavenworth Detention Center and continuing education courses, there is substantial compliance with this standard.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

* Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? [x]  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? [x]  Yes [ ]  No

**115.41 (b)**

* Do intake screenings ordinarily take place within 72 hours of arrival at the facility? [x]  Yes [ ]  No

**115.41 (c)**

* Are all PREA screening assessments conducted using an objective screening instrument? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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)? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No

**115.41 (g)**

* Does the facility reassess an inmate’s risk level when warranted due to a referral?

[x]  Yes [ ]  No

* Does the facility reassess an inmate’s risk level when warranted due to a request?

[x]  Yes [ ]  No

* Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed the following policy: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 4, 12, and 13. Additionally, the Sexual Abuse screening tool was reviewed.

To determine compliance, the auditor interviewed staff who screen inmates for risk of victimization and abusiveness. In addition, interviews were conducted with inmates.

To determine compliance, the auditor observed the intake area and was provided an overview of the intake process by Receiving & Discharge staff and the PREA Compliance Manager.

The following describes how the evidence above was used to draw a conclusion regarding compliance. All inmates are provided; Risk Assessments upon intake these assessments take place within the first 24 hours. The Auditor notes that these assessments are done almost immediately after the initial intake. The assessment includes a determination of the inmate’s mental health and physical health, the age of the inmate, the physical build of the inmate, previous incarcerations, criminal history, prior sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the inmate’s perception of his or her vulnerability. Inmates are reassessed within 30 days or if additional information is received. All information gathered during intake is shared with only those staff that need to know. Sensitive information is not shared unnecessarily. Interviews with Intake officers confirmed the use of the assessment tools and the confidentiality of the information. In addition, inmate interviews indicated the use of the assessment tools.

Interviews with Intake Officers confirmed the use of the assessment tool. The Intake Officers noted the need to provide safe housing and program resources that ensured a safe environment for all inmates. The Auditor reviewed the files of several inmates. The files contained the appropriate Intake forms and Assessment forms; they were signed and dated by both staff and inmates.

The auditor interviewed two staff members who conduct risk assessments. The auditor notes that each Sexual Abuse Screening tool (Form 14-2B) is forwarded to the Health Services Department to ensure further mental health screening and evaluation is completed. Each of the staff members interviewed was aware of their responsibilities in conducting risk assessments. The Mental Health Specialist indicated she conducts face to face interviews, and she considers all aspects, suicide, mental health, drug issues, sexual assault victim, gang activity, physical build, verbal and social skills, special needs, and safety.

Random inmate interviewees assert when they first came to Leavenworth Detention Center, they were asked questions like whether they have ever been sexually abused, whether they identify as being lesbian/gay/bisexual/transgender (LGBTI), whether they have any disabilities, and whether they think they might be in danger of sexual abuse at Leavenworth Detention Center. Interviewees related they were asked these questions during intake and during their follow up interviews.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page12 addresses the requirements of 115.41(a) (b) and (c)

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page12, and the Sexual Abuse Screening Tool addresses the requirements of 115.41(d).

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page12 addresses the requirements of 115.41(e).

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page13 addresses the requirements of 115.41(f) (g) and (h).

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 4 addresses the requirements of 115.41(i).

Based on a review of the intake process, a review of the risk assessment forms, and interviews with Intake staff, Mental Health Specialist, and inmates, there is substantial compliance with this standard.

**Standard 115.42: Use of screening information**

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

**115.42 (a)**

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

**115.42 (b)**

* Does the agency make individualized determinations about how to ensure the safety of each inmate? [x]  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)? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No

**115.42 (f)**

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

[x]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy was reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 12, 14, and 16. Additionally, the Leavenworth Detention Center Classification plan was reviewed.

To determine compliance, interviews were conducted with the PREA Compliance Manager and staff who conduct risk assessments.

To make a determination of compliance, the auditor observed inmates meeting with Mental Health staff, Medical Staff, and Case Management during the time of the on-site visit.

The following describes how the evidence above was used to draw a conclusion regarding compliance. Leavenworth Detention Center utilizes the intake information to make decisions on housing assignments.

The needs of each inmate are taken into consideration. The PREA Compliance Manager stated the facility would consider a transgender or intersex inmate’s views concerning safety. Transgender or intersex inmates would be involved in decisions concerning housing placement. Through a review of screening forms, inmate and staff interviews, it was determined Leavenworth Detention Center uses the screening information to determine housing, bed, work, and program assignment to keep inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The decisions are made on a case-by-case basis; a variety of instruments are utilized to accomplish this task as well as sound professional judgment.

Inmates who identified as transgender or gay acknowledged they were not housed in a dedicated housing area. Transgender or intersex inmate's own views with respect to his or her own safety are given consideration when making housing, and programming assignments. Transgender and intersex inmates are allowed to shower separately from other inmates.

Interviews with Risk assessment staff, intake staff, Mental Health staff, and the PREA Compliance Manager indicates the facility's efforts to ensure a safe living environment for all inmates; there is substantial compliance with this standard.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 12 and 14, and the Classification Plan addresses the requirements of 115.42(a) (b) (c) (d) (e).

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 14 and 16, and the Classification plan addresses the requirements of 115.42(f) and (g).

Based on the above information Leavenworth Detention Center is compliant with this standard.

**Standard 115.43: Protective Custody**

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

**115.43 (a)**

* Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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.) [x]  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.) [x]  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.) [x]  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? [x]  Yes [ ]  No
* Does such an assignment not ordinarily exceed a period of 30 days? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policies were reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 15, Leavenworth Detention Center Policy 10-100, page 7. Additionally, the Leavenworth Detention Center Classification Plan, the Sexual Abuse Screening Tool, and the Confinement Record form were reviewed.

The following describes how the evidence above was used to conclude compliance.

The policies indicate inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. If an inmate is placed in segregated housing involuntarily, they shall have access to programs, privileges, education, and work opportunities. If an inmate is restricted from participating in activities, staff are required to document the reason for the restriction and the duration of the restriction. Inmates are provided an in-person review every 30 days to determine if there is a continuing need for separation from the general population.

Interviews of the Warden, PREA Compliance Manager, Unit Management staff, and Segregation staff indicate that no inmates at high risk for sexual victimization had been placed in involuntary segregated housing during the 12 months prior to the audit.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 15, Leavenworth Detention Center Policy 10-100, page 7, and the Confinement Record form address the requirements of 115.43(a) (b) (c) (d) (e).

Based on the above information, the Leavenworth Detention Center is compliant with 115.43.

**REPORTING**

**Standard 115.51: Inmate reporting**

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

**115.51 (a)**

* Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No
* Does that private entity or office allow the inmate to remain anonymous upon request? [x]  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 [x]  NA

**115.51 (c)**

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

**115.51 (d)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policies were reviewed CoreCivic Policy 14-2 Sexual Abuse Prevention, pages 16-18, and the CoreCivic Code of Ethics. The auditor reviewed the Inmate Handbook, Preventing Sexual Abuse and Misconduct Brochures, the USMS PREA Bulletin, and the MOU with Alliance against Family Violence. Finally, the auditor reviewed the CoreCivic web site, which includes information on how to report an act of sexual harassment or sexual abuse.

To make a determination of compliance, interviews were conducted with both random staff and inmates.

To make a determination of compliance, the following observations were made during the on-site tour of the facility: The housing units had signs informing inmates of their right to be free of sexual abuse. There were signs informing inmates about how to report incidents of sexual abuse. The signs were posted in both English and Spanish.

Inmates have multiple ways to report allegations of sexual abuse and sexual harassment at the Leavenworth Detention Center, specifically, Inmates shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during a sick call; Calling the facility's twenty-four (24) hour toll-free notification telephone number; Verbally telling any employee, including the facility Chaplain; forwarding a letter, sealed and marked "confidential," to the Warden/Facility Administrator or any other employee; Calling or writing someone outside the facility who can notify facility staff; Forwarding a letter to the CoreCivic Managing Director, Facility Operations; Electronically report allegations of sexual abuse and harassment to any department listed in the CORES system as a contact. Additionally, USMS inmates have pertinent information posted in each unit concerning procedures for reporting a sexual assault to staff, to the USMS, the Field Office Director, or the Office of Inspector General (OIG) by mail or telephone at 1-800-869-4499.

Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's inmate grievance process. Should a report be submitted and received as an inmate grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility Investigator or Administrative Duty Officer.

The CoreCivic web site (https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea) provides the following information concerning reporting: Reporting Allegations of Sexual Abuse/Sexual Harassment. Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment, including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report, including, but not limited to: Send a letter to the warden of the facility at the address provided on our facility locator. Inmates may notify any staff member verbally or in writing, or they may call the PREA hotline numbers posted at their facilities. Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided. Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-866-757-4448 or e-mail http://www.corecivic.ethicspoint.com/. It is not required that any personal information be provided. However, the more information that can be provided regarding dates, times, locations, witnesses, and as much detail about the alleged incident as is known serves to assist staff and law enforcement in their efforts to conduct the investigations successfully.

These multiple methods of reporting are posted throughout the facility, they are available in the inmate brochure, and they are reviewed with the inmate during intake. Inmate interviews confirm knowledge of the reporting procedures. Staff may report allegations via their chain of command or anonymously through the employee hotline numbers. Staff interviews confirm knowledge of reporting procedures.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 16-18 addresses the requirements of 115.51(a) (b) (c) and (d).

Inmates and staff at the Leavenworth Detention Center have several methods available to make reports concerning sexual abuse or sexual harassment. There is substantial compliance with this standard.

**Standard 115.52: Exhaustion of administrative remedies**

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

**115.52 (a)**

* Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  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 [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy was reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 17.

The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, states (page 17, paragraph c.) Alleged PREA incidents will not be processed through the facility's inmate grievance process. Should a report be submitted and received as an inmate grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility Investigator or Administrative Duty Officer.

As a result of the policy requirement, the Leavenworth Detention Center is exempt from this standard.

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

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

**115.53 (a)**

* Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? [x]  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 [x]  NA
* Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? [x]  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? [x]  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? [x]  Yes [ ]  No
* Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy was reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 10. Additionally, the auditor reviewed the Inmate Handbook, PREA Bulletins, and the MOU with Alliance Against Family Violence.

To make a determination of compliance, interviews were conducted with random inmates.

To make a determination of compliance, the following observations were made during the on-site tour of the facility: The housing units had signs informing inmates of their right to be free of sexual abuse. There were signs informing inmates about how to report incidents of sexual abuse. The signs were posted in both English and Spanish.

The Leavenworth Detention Center has established a Memorandum of Understanding with the Alliance Against Family Violence. These advocates provide support related to sexual assault. Alliance Against Family Violence advocates are a component of the standard response to a report of sexual abuse/sexual harassment within the facility. They facilitate follow-up, whenever possible, between the inmate and an advocate by mail, telephone, or in-person while the victim is detained by at Leavenworth Detention Center. The Leavenworth Detention Center provides inmates with confidential access to the Alliance Against Family Violence via the phone. The Leavenworth Detention Center respects the confidential nature of communication between the Alliance Against Family Violence advocates and clients. Alliance Against Family Violence advocates are cleared to enter the Leavenworth Detention Center to meet with clients. Alliance Against Family Violence advocates are provided private meeting space for counseling sessions. Alliance Against Family Violence provides advocacy-based counseling and crisis intervention services. Alliance Against Family Violence provides follow-up services and crisis intervention contacts to victims of sexual assault at the Leavenworth Detention Center. Alliance Against Family Violence maintains confidentiality of communications with clients detained at the Leavenworth Detention Center. Inmates have access to the mailing address, telephone numbers, including a toll-free number that provides confidential communication between inmates and Alliance Against Family Violence.

The auditor interviewed the Director of the Alliance Against Family Violence. During the interview, the Alliance Against Family Violence Director indicated that an MOU was in place with the Leavenworth Detention Center and that Victim Advocates were available to assist victims at the facility. In addition, the Alliance Against Family Violence Director indicated inmates could contact the Alliance Against Family Violence directly from the facility. Victim Advocates have received Sexual Assault Advocacy Training. The training included: How to detect and assess signs of sexual abuse and sexual harassment; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Alliance Against Family Violence Director indicated that at the initiation of services to an inmate, Alliance Against Family Violence Staff members disclose the limitations of confidentiality and their duty to report. Victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services, and the nature and scope of the services would be determined according to the professional judgment of the SANE and Advocacy staff. Finally, follow up services would be provided as necessary and that the level of care was consistent with community standards.

All inmates interviewed indicated they had confidential access to their attorneys prior to any hearings. Additionally, all inmates interviewed stated they are allowed the opportunity to visit with family. The Auditor notes that family visits have been suspended due to Covid19. The PREA Compliance Manager indicated family visits would resume when the Covid19 pandemic subsided.

Based on the interviews with Alliance Against Family Violence staff, a review of the MOU between the Leavenworth Detention Center and Alliance Against Family Violence, and the interviews with inmates, there is substantial compliance with this standard.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 10, the inmate handbook and the MOU with Alliance Against Family Violence addresses the requirements of 115.53 (a) (b) and (c).

There is substantial compliance with this standard.

**Standard 115.54: Third-party reporting**

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

**115.54 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy, and other documentation were reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 18-19. The auditor reviewed the Leavenworth Detention Center Web site which provides information to the public on how to report inmate sexual abuse or sexual harassment on behalf of an inmate.

To make a determination of compliance, interviews were conducted with random inmates who confirmed their knowledge of third-party reporting capabilities.

The following describes how the evidence above was used to conclude compliance.

Leavenworth Detention Center has established a method to receive third-party reports of sexual abuse. This information is available on the Leavenworth Detention Center website (https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea). Information is available to the public on how to report inmate sexual abuse or sexual harassment on behalf of the inmates.

The Leavenworth Detention Center provides a PREA Zero Tolerance pamphlet for inmates. This pamphlet includes specific information about PREA, contact information, and reporting information. The auditor examined the pamphlet and website. Resident interviews confirm awareness of the third-party reporting capabilities.

The auditor notes there have not been any incidents of third-party reporting at the Leavenworth Detention Center during this PREA audit cycle.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 18-19, and the CoreCivic web site addresses the requirements of 115.54 (a).

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.54.

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

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

**115.61 (a)**

* Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy, and other documentation were reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 17-18. The auditor also reviewed the Leavenworth Detention Center Coordinated response plan (Sexual Abuse Incident Check Sheet and 5-1A PREA Incident Report), which provides reporting guidance on responding to an inmate report of sexual abuse and facility reporting duties.

To make a determination of compliance, the auditor interviewed random staff, the PREA Compliance Manager, and the PREA Coordinator.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

Leavenworth Detention Center requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. All staff members are also required to report any retaliation against inmates or staff who has reported an incident of sexual assault or sexual harassment. Regardless of its source, Leavenworth Detention Center employees who receive information concerning inmate on inmate sexual misconduct at Leavenworth Detention Center, or who observe an incident of an inmate on inmate sexual misconduct or have reasonable cause to suspect an inmate is a victim of sexual misconduct, must: Immediately report the information or incident directly to their immediate Supervisor. If necessary, (alleged criminal behavior) Law Enforcement will be notified.

Any Leavenworth Detention Center employee who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report, may face disciplinary action, up to and including termination of employment. Staff members are required to report any violation of responsibilities that may have contributed to an incident or retaliation. All Leavenworth Detention Center staff have a duty to report any allegation of sexual abuse as required by mandatory reporting laws. Inmates are informed of the limitations of confidentiality between inmates and staff.

Aside from reporting to the designated supervisors or officials and designated State or local service agencies, Leavenworth Detention Center prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and additional security and management decisions.

Although no complaints have been received from a member of the public, a procedure has been established for third party reporting (see 115.54).

CoreCivic Policy requires that immediate action be taken to protect inmates from sexual abuse. Staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the inmate. All random staff interviewees assert they received training regarding reporting sexual abuse/harassment and reporting to comply with applicable mandatory reporting laws.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 17-18 and the Sexual Abuse Incident Check Sheet address the requirements of 115.61 (a) (b) (c) (d) and (e).

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.61.

**Standard 115.62: Agency protection duties**

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

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy was reviewed: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 1, and 17-18. Additionally, the auditor reviewed the Sexual Abuse Screening Tool, the Comprehensive Mental Health Evaluation, and the PREA Alert Roster.

To make a determination of compliance, the auditor interviewed random staff, the PREA Compliance Manager, and the Mental Health Specialist.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

Review of policy and interviews with the PREA Coordinator and Random Staff demonstrated the appropriate protective measures that would be taken if an inmate were at imminent risk of sexual abuse. Additionally, all staff interviewed indicated specific knowledge of the protective measures that should be taken in the event an inmate was subject to a substantial risk of imminent sexual abuse.

The auditor reviewed Policy 14-2; The policy outlines how staff members respond to any allegation of sexual misconduct. As stated, in the procedures, upon learning that an inmate is subject to a substantial risk of imminent sexual abuse, the Leavenworth Detention Center shall take immediate action to protect the inmate by separating the victim from the perpetrator and attending the needs of the victim while not impeding in the investigation. Staff who receive an initial report of sexual misconduct are required to promptly intervene on the alleged victim’s behalf to ensure the victim gets prompt medical and mental health, as appropriate to his or her needs, and the circumstances of the alleged offense.

Staff interviews revealed that staff members were formally trained on and understand how to ensure inmates are kept safe in the event they are at risk for imminent sexual abuse. Upon receipt of information that an inmate is subject to a substantial risk of imminent sexual abuse, the Leavenworth Detention Center staff all indicated immediate action would be taken. Specifically, at a minimum, housing and programming changes would be initiated to separate or limit a threat between inmates. All the random staff interviews indicated a similar answer.

The CoreCivic policy requires that immediate action be taken to protect inmates from sexual abuse. Although there have been no incidents in the past 12 months at the Leavenworth Detention Center, staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the inmate.

The PREA Compliance Manager asserts when it is learned an inmate is subject to a substantial risk of imminent sexual abuse, the potential victim is immediately removed from the danger zone and placed in a safe environment.

Random staff interviewees assert if they learn an inmate is at risk of imminent sexual abuse, they immediately remove the inmate from the danger zone and place the potential victim under direct staff supervision to ensure safety.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 1, and 17-18 addresses 115.62(a).

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.62.

**Standard 115.63: Reporting to other confinement facilities**

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

**115.63 (a)**

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

**115.63 (b)**

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

**115.63 (c)**

* Does the agency document that it has provided such notification? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policies were reviewed: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 20. The auditor notes there have been no notifications of PREA incidents at another facility in the past 12 months.

To make a determination of compliance, interviews were conducted with the PREA Compliance Manager and the Warden.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Leavenworth Detention Center policy requires notification to the head of the facility and appropriate Law Enforcement authorities within 72 hours. This notification is documented. There have not been any reports from an inmate that they were sexually abused at another facility in the past 12 months.

The Interviews with both the PREA Compliance Manager and the Warden indicate compliance with this procedure.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 20, addresses 115.63(a) (b) (c) and (d).

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.63.

**Standard 115.64: Staff first responder duties**

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

**115.64 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy, and other documentation were reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 19, and the Sexual Abuse Incident Check Sheet, and the PREA First Responder Duties Card.

To determine compliance, the auditor interviewed fourteen (14) random staff and one (1) non-security staff first responder.

In order to determine compliance, the following observations were made during the on-site tour of the facility: During the tour, informal discussions were conducted by the auditor with the Leavenworth Detention Center custody staff concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each of these informal discussions, staff indicated the most crucial step was to keep the victim safe and believe what the victim had stated and proceed to take action as necessary to ensure the safety of the victim.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

The Leavenworth Detention Center staff members were interviewed concerning first responder responsibilities. Staff members are aware of their duty in this area. The staff members interviewed indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim not to take any action that would compromise the evidence, and, if possible, ensure the alleged abuser did not take any action that would compromise any evidence. In addition, staff members were aware that they needed to contact their supervisor, who would initiate the Sexual Abuse Incident Check List.

The staff interviewed indicated they had received training that included the duties of a first responder.

Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished: the alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to the Health Services Department. The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider, if medically indicated, for collection of evidence and any necessary medical treatment. CoreCivic will request, in writing, that the examination is performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE or SANE provider is not available, the examination may be performed by other qualified medical practitioners. The Health Services Department shall provide services in accordance with CoreCivic Policy 13-79 Sexual Assault Response. While in the Health Services Department, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing without medical supervision, use the restroom facilities, eat, drink or brush his/her teeth.

While in the Health Services Department, a brief statement is obtained from the alleged victim concerning the incident. Based upon the alleged victim's statement regarding the location and time of the incident, ensure any crime scene is preserved. These actions shall include the following: Sealing access to the immediate area of the scene, if possible; Photographing the scene and visible evidence at the scene (e.g., tissue or blood); and Securing any available recorded video footage of the affected area. In cases of alleged sexual harassment, an escort to the Health Services Department for examination is not required.

The highest-ranking authority onsite is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation. When the alleged perpetrator is an inmate/detainee, he/she is secured in a single cell (if available) in the event evidence collection is required. All acquired information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know.

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. An incident statement is written in accordance with CoreCivic Policy 5-1 Incident Reporting. Upon notification of alleged sexual abuse, the highest-ranking authority onsite shall ensure that the following actions are accomplished: When the alleged perpetrator is an inmate/detainee, in order to preserve any evidence, the alleged perpetrator is not allowed to wash, shower, brush his/her teeth, use the restroom facilities, change clothes, or eat and drink while secured in segregation in a single cell (if available). The PREA Compliance Manager and the Warden/Facility Administrator or ADO are immediately notified of the allegation.

Interviews with random staff indicate they understand the duties of a first responder. Additionally, the policy clearly describes the steps to be taken in response to an allegation of sexual abuse, assault, or harassment. Those steps include, separate the parties, cell reassignment, secure the scene, follow evidentiary practices, medical evaluation.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 19, and the Sexual Abuse Incident Check Sheet, and the PREA First Responder Duties Card, address 115.64 (a) and (b).

Based on the interviews and the availability of the information available to staff concerning their duties as first responders, there is substantial compliance with this standard.

**Standard 115.65: Coordinated response**

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

**115.65 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy, and other documentation were reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 10-12. The auditor reviewed the Sexual Abuse Incident Check Sheet (Coordinated Response plan), and the PREA First Responder Duties Card. Each staff member carries a First Responder Duties card on their person throughout their shift. This card provides guidance to staff first responder duties.

To make a determination of compliance, the auditor interviewed random staff, the PREA Compliance Manager, and the Warden.

To determine compliance, the following observations were made during the on-site tour of the facility. During the tour, informal discussions were conducted by the auditor with Leavenworth Detention Center Custody staff concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each of these informal discussions, staff indicated the most crucial step was to keep the victim safe and believe what the victim had stated and proceed to take action as necessary to ensure the safety of the victim.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

The Leavenworth Detention Center has a written Sexual Abuse Response Team (SART) plan. This plan includes the following: Each facility will establish a SART, which includes the following positions: PREA Compliance Manager, Medical representative; Security representative; Mental health representative; and Victim Services Coordinator. The medical and/or mental health professional may serve as the facility's Victim Services Coordinator. The facility Victim Services Coordinator will not be a member of security.

The SART responsibilities shall include the following: Responding to reported incidents of sexual abuse; Responding to victim assessment and support needs; Ensuring policy and procedures are enforced to enhance inmate/detainee safety; Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA National Standards.

SART Member Responsibilities: The PREA Compliance Manager will: Review the facility's response to sexual abuse allegations, with the Warden/Facility Administrator or designee, to ensure the policy is implemented effectively and victim needs are addressed; Serve as a primary liaison with local law enforcement or delegate this responsibility to the facility investigator; Ensure the completion of the 14-2C Sexual Abuse and Sexual Harassment Incident Check Sheet, and Ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff following a report of sexual abuse to protect against potential retaliation against inmates/detainees or employees. This shall include periodic status checks of inmates/detainees and review of relevant documentation.

At the Leavenworth Detention Center, the case manager for the inmate or the PREA Compliance Manager will serve as the designated staff person conducting the 30/60/90-day monitoring. Monitoring shall be documented on the 14-2D, PREA Retaliation Monitoring Report (30/60/90) form. Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need. Ensure prompt actions are taken to remedy any identified retaliation. Ensure any other individual who cooperates with an investigation and expresses fear of retaliation is protected from retaliation.

The medical representative will: In cases of sexual abuse, ensure that the facility's medical staff respond appropriately in medically stabilizing an alleged victim before assessment by a community medical provider if medically indicated, and address any ongoing medical care needs following the incident.

The security representative will: Ensure inmate/detainee safety needs are addressed, including separating the alleged victim and perpetrator; and ensure employee responses to reports of sexual abuse and sexual harassment are timely and consistent with policy.

The mental health representative will: ensure the alleged victim is assessed; and ensure mental health needs are addressed according to policy and local procedure.

The Victim Services Coordinator will: Attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim of sexual abuse. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse and Sexual Harassment Incident Check Sheet. In the absence of a victim advocate, the Victim Services Coordinator will provide inmates/detainees with confidential emotional support services related to sexual abuse. Ensure that inmates/detainees are aware they may access additional victim resources through community victim resource agencies; and ensure that alleged victims are informed of their rights to care and protection from further victimization.

The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 10-12, the Sexual Abuse Incident Check Sheet (Coordinated Response plan), and the PREA First Responder Duties Card address 115.65(a).

Based on the interviews with random staff, the PREA Compliance Manager and the Warden, a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 10-12, the Sexual Abuse Incident Check Sheet (Coordinated Response plan), and the PREA First Responder Duties Card the auditor asserts there is substantial compliance with this standard.

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

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

**115.66 (a)**

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

**115.66 (b)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **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**

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To make a determination of compliance, the following policy was reviewed: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 27-28.

Leavenworth Detention Center has no limit on its ability to remove alleged sexual abusers from contact with any inmates pending the outcome of an investigation. As indicated in the interview with the Agency Head (CoreCivic Vice President, Operations Administration), the collective bargaining agreements “permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action.”

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.66.

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

* Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? [x]  Yes [ ]  No
* Has the agency designated which staff members or departments are charged with monitoring retaliation? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No
* Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? [x]  Yes [ ]  No

**115.67 (d)**

* In the case of inmates, does such monitoring also include periodic status checks? [x]  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? [x]  Yes [ ]  No

**115.67 (f)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **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**

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To determine compliance, the auditor reviewed the following policy: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response pages 1, 11, 12, and 22.

To determine compliance, the auditor interviewed the PREA Compliance Manager as no specific incidents of retaliation have occurred at the Leavenworth Detention Facility in the past 12 months.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

The Leavenworth Detention Center prohibits retaliation against both inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations. The inmates' case manager or PREA Compliance Manager is the staff designated to monitor retaliation. Multiple measures are available that include the removal of alleged staff and alleged inmate abusers, housing changes, and advocate support. Monitoring can last for at least 90 days and includes periodic status checks.

The PREA Compliance Manager indicates the facility monitors the conduct and treatment of inmate(s) or staff who reported sexual abuse and of inmate(s) who were reported to have suffered sexual abuse to see if any changes may suggest possible retaliation by inmates or staff. The PREA Compliance Manager further stated the facility monitors the conduct or treatment for as long as necessary and acts promptly to remedy any such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

There were no reported incidents of retaliation during the last 12 months.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response pages 1, 11, 12, and 22, and the interview with the PREA Compliance Manager addresses 115.67 (a) (b) (c) (d) and (e).

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.67.

**Standard 115.68: Post-allegation protective custody**

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

**115.68 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **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**

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To determine compliance, the auditor reviewed the following policies: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 14 and 15, Leavenworth Detention Center Policy 10-100, Restrictive Housing Management.

The PREA Compliance Manager and a staff member who supervises inmates in segregation assert there were no circumstances within the last 12 months wherein isolation was used to protect an inmate who was alleged to have suffered sexual abuse. The PREA Compliance Manager further asserts that the CoreCivic policy 14-2 indicates that inmates/detainees at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 14 and 15, and Leavenworth Detention Center Policy 10-100, Restrictive Housing Management addresses 115.68 (a).

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.68.

**INVESTIGATIONS**

**Standard 115.71: Criminal and administrative agency investigations**

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

**115.71 (a)**

* When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] [x]  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).] [x]  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? [x]  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? [x]  Yes [ ]  No
* Do investigators interview alleged victims, suspected perpetrators, and witnesses? [x]  Yes [ ]  No
* Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No

**115.71 (f)**

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

**115.71 (h)**

* Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? [x]  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? [x]  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? [x]  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).) [x]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **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**

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In order to determine compliance, the following policies were reviewed: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 7, 17, 18, 19, 21. 23, 24, and 28. The auditor reviewed the CoreCivic Record Retention Schedule and the Relias Training Certificates for each investigator. Finally, the auditor reviewed the MOU with the Leavenworth Police Department.

To determine compliance, the auditor interviewed the Leavenworth Detention Center investigator.

The following describes how the evidence above was used to conclude compliance.

The Leavenworth Detention Center conducts administrative investigation allegations of sexual abuse and sexual harassment. The investigations begin upon staff notification. Third-party reports, if received, are investigated in the same manner as a direct report. Any report of sexual abuse that appears to be criminal is referred to the Leavenworth Police Department. Each of the investigators for the Leavenworth Detention Center has received training by the Relias Training Institute.

Investigators gather and preserve direct and circumstantial evidence; however, crime scenes are secured to prevent any contamination, and the lead Law Enforcement agency collects physical and DNA evidence. The Leavenworth Detention Center investigator collects all electronic monitoring data, records, inmate files, staff memorandums, and provides that information to the lead Law Enforcement agency. Leavenworth Detention Center Investigators would interview alleged victims, suspected perpetrators, and witnesses for administrative investigations. Under normal circumstances, the lead Law Enforcement agency will conduct their own interviews during a criminal investigation.

Leavenworth Detention Center Investigators do not conduct compelled interviews; if necessary, those interviews would be conducted by the lead Law Enforcement agency in consultation with the principal Prosecutors office. During his interview, the Leavenworth Detention Center Investigator stated that the credibility of an alleged victim, suspect, or witness was based on the individual and not on his status as an inmate or staff.

Inmates are not subject to a polygraph examination or other truth-telling devices.

Administrative investigations are thorough and provide information detailing staff actions in response to an incident and whether staff actions in any manner contributed to the abuse. All administrative investigations are documented in written reports and include investigative findings based on information provided by the evidence collected.

Criminal investigations are documented and maintained by the lead Law Enforcement agency. The Leavenworth Detention Center Investigator would be provided a summary of the case and the case disposition. The lead Law Enforcement agency maintains all evidence collected during a criminal investigation. The lead Law Enforcement agency will refer cases for criminal prosecution based on their investigations. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

Leavenworth Detention Center retains all written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. An investigation is never terminated due to the departure of the alleged abuser or victim. If a staff member is terminated or resigns, the investigation continues until resolution.

The Leavenworth Detention Center Investigator works with the lead Law Enforcement agency and fully cooperates with that agency during the investigation.

The Leavenworth Detention Center has three (3) individuals who have received the specialized training for conducting sexual abuse investigations as required by PREA standard 115.34. Upon the completion of an administrative or criminal investigation, Leavenworth Detention Center will do a follow-up investigation for Human Resource action, as necessary.

The Leavenworth Detention Center Investigator indicated during his interviews that the training he received included good interpersonal communication skills with inmate victims, assailants, and witnesses. Understanding of the dynamics of inmate sexual violence. Establishing good working relationships with outside agencies, hospitals, prosecutors, and investigators and establishing procedures for evidence collection. He indicated the training also included information on the proper use of the Miranda and Garrity warnings.

The Auditor reviewed the NIC curriculum, Specialized Training: Investigating Sexual Abuse in Confinement Settings. This training is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.34, requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.34 and best practices in investigating incidents of sexual abuse. The course provides training on legal issues and liability, trauma and victim response, medical and mental health care, first response and evidence collection, adult and juvenile interviewing, and report writing. In addition to the NIC Course, the investigator participated in the RELIAS training courses entitled “PREA: Investigation Protocols” and PREA Investigations: What Happens After an Allegation.” These training courses provide specific information concerning the role of the investigator and what steps are involved in criminal or administrative investigations.

The auditor reviewed eight (8) investigative files. The review of the investigative files included the date of the allegation, date of investigation initiation, whether it involved staff or inmate or both. The classification of sexual abuse or sexual harassment, the case disposition, was the disposition justified, who the investigating officer was, and the date of notification to the inmate.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 7, 17, 18, 19, 21. 23, 24, and 28; the CoreCivic Record Retention Schedule and the Relias Training Certificates for each investigator, address 115.71(a-l).

Based on the review of policy and the interview with the Leavenworth Detention Center Investigator, a review of the training curriculum and a review of the MOU with the Leavenworth Police Department, and a review of the investigative files, there is substantial compliance with Standard 115.71

**Standard 115.72: Evidentiary standard for administrative investigations**

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

**115.72 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the following policy was reviewed: CoreCivic Policy .14-2, Sexual Abuse Prevention and Response, page 25.

To determine compliance, the auditor interviewed one of the Leavenworth Detention Center investigators.

The following describes how the evidence above was used to conclude compliance.

The Investigative Officer was interviewed concerning the evidential standard for administrative investigation. His response to the question of the evidential standard for an administrative investigation was, "The evidence standard for administrative investigation is a “preponderance of the evidence.” The Investigative Officers received specialized training relevant to PREA. Specifically, “Investigating Sexual Abuse in a Confinement Setting.” The Investigative Officer was interviewed and explained to the auditor in detail the steps to be taken during a PREA related investigation. Additionally, policy .14-2 indicates explicitly on page 25, “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.”

CoreCivic Policy .14-2, Sexual Abuse Prevention and Response, page 25 addresses 115.72 (a)

In view of the above, the auditor finds the Leavenworth Detention Center substantially compliant with 115.72.

**Standard 115.73: Reporting to inmates**

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

**115.73 (a)**

* Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? [x]  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.) [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No

**115.73 (e)**

* Does the agency document all such notifications or attempted notifications? [x]  Yes [ ]  No

**115.73 (f)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed the following policy: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 25 and 26.

The following describes how the evidence above was used to conclude compliance.

Inmates are informed of the results of the investigation. That information includes whether the staff member is or is not allowed to work in the inmate’s unit; the staff member is or is not employed; the staff member has been indicted, or the staff member has been convicted. In addition, if the alleged abuser is an inmate, the inmate victim would be informed if the alleged abuser were indicted and or convicted. All notifications are documented.

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

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

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 facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All inmate/detainee notifications or attempted notifications shall be documented on the 14-2E Inmate Allegation Status Notification. The inmate/detainee shall sign the 14-2E Inmate Allegation Status Notification, verifying that such notification has been received. The signed 14-2E Inmate Allegation Status Notification shall be filed in the inmate/detainee's institutional file. The facility's obligation to notify the inmate/detainee as outlined in this section shall terminate if the inmate/detainee is released from CoreCivic's custody.

The auditor notes that a review of eight investigative files indicated all notifications were appropriately made and documented.

Leavenworth Detention Center PREA Policy 14-2, Sexual Abuse Prevention and Response, pages 25 and 26 address 115.7(a-e).

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.73.

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

**115.76 (b)**

* Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? [x]  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? [x]  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)? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed the following policy: CoreCivic Policy .14-2, Sexual Abuse Prevention and Response, page 27.

The following describes how the evidence above was used to conclude compliance.

The Leavenworth Detention Center staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Staff shall be subject to disciplinary action, up to and including termination, for violating the CoreCivic PREA policy. Disciplinary sanctions for violations of CoreCivic PREA policy relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the PREA policy, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies. Leavenworth Detention Center will track all staff terminations, as well as licensing notifications. The PREA Compliance Manager indicated there had been no staff terminations for violations of agency sexual abuse or sexual harassment policies at Leavenworth Detention Center in the past 12 months. The PREA Compliance Manager stated appropriate notifications would be made to licensing boards or other agencies.

CoreCivic Policy .14-2, Sexual Abuse Prevention and Response, page addresses 115.76 (a-d)

Based on the CoreCivic policy 14-2 and the interview with the PREA Compliance Manager,

the auditor finds the Leavenworth Detention Center substantially compliant with 115.76.

**Standard 115.77: Corrective action for contractors and volunteers**

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

**115.77 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed the following policy: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 28.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

The CoreCivic policy states: Any civilian or contractor who engages in sexual abuse shall be prohibited from contact with inmates/detainees and shall be reported to law enforcement agencies and any relevant licensing body. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 28. addresses 115.77(a-b).

There have been no incidents of contractors or volunteers violating Leavenworth Detention Center PREA policies within the past 12 months.

In view of the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.77

**Standard 115.78: Disciplinary sanctions for inmates**

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

**115.78 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

In order to determine compliance, the following policies, and other documentation were reviewed: The CoreCivic Policy 14.2, Sexual Abuse Prevention and Response, pages 1, 26 and 27, the Leavenworth Detention Center policy 15-1, Offense and Penalty Code – Adult, the Leavenworth Detention Center Policy 15-2, Disciplinary Procedures - Adult. Additionally, the auditor interviewed a Mental Health Specialist who indicated during her interview that inmates would be provided the opportunity to meet with a Mental Health Specialist to correct underlying reasons or motivations for abuse.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

Inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of an inmate on inmate sexual abuse. The penalties are commensurate with the circumstances of the abuse committed. Appropriate rights and responsibilities are afforded to the inmate during the disciplinary hearing process. Inmates could be disciplined for sexual contact with staff if the staff member did not consent to such contact. Leavenworth Detention Center prohibits all sexual activity between inmates and disciplines inmates for such action.

CoreCivic Policy 14.2, Sexual Abuse Prevention and Response, page 1, 26 and 27, the Leavenworth Detention Center policy 15-1, Offense and Penalty Code – Adult, the Leavenworth Detention Center Policy 15-2, Disciplinary Procedures – Adult, and an interview with the Mental Health Specialist addresses 115.78(a-g).

Given the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.78.

**MEDICAL AND MENTAL CARE**

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

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

**115.81 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed CoreCivic policies 14-2, Sexual Abuse Prevention and Response pages 4, 10, and 18; CoreCivic 13-61, Mental Health Services pages 6,7, and 14, CoreCivic 13-74 Privacy of Protected Health Information, page 7 were reviewed. The auditor also reviewed the Sexual Abuse Screening Tool, the Initial Health Screening tool, and the Comprehensive Mental Health Screening Tool. Finally, the auditor interviewed a Mental Health Specialist who indicated during her interview that inmates who experienced prior sexual victimization are provided the opportunity to meet with a Mental Health Specialist within 14 days of intake screening.

The following describes how the evidence above was used to conclude compliance.

Leavenworth Detention Center staff (Intake Officers) make arrangements for a follow-up meeting with a mental health practitioner for inmates who disclose any prior sexual victimization during screening.

The Mental Health staff member indicated during her interview that victims of sexual harassment or abuse are offered treatment. Treatment plans and information related to sexual victimization are limited to mental health practitioners, as necessary. Applicable rules concerning private medical information is strictly enforced. Inmates are made aware of the reporting requirements and what is considered protected information.

Leavenworth Detention Center staff (Intake Officers) and Mental Health staff members work together to collect and monitor information that indicates prior sexual victimization. Any information about victimization is limited to a need to know basis. Custodial staff members are informed of the information for housing placement. Interviews with staff confirm compliance with this standard.

Relevant information is used to inform mental health treatment plans, and security decisions, such as housing and program assignments. Mental Health clinical notes are maintained separately from the inmate files.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 4, 10, and 18; CoreCivic 13-61, Mental Health Services pages 6,7, and 14, CoreCivic 13-74 Privacy of Protected Health Information, page 7, addresses 115.81 (c) (d) and (e), 115.81 (a) and (b) are not applicable.

Based on the interview with the Mental Health professional. A review of CoreCivic policies 14-2, Sexual Abuse Prevention and Response pages 4, 10, and 18; CoreCivic 13-61, Mental Health Services pages 6, 7, and 14. A review of CoreCivic policy 13-74 Privacy of Protected Health Information, page 7, and a review of the Sexual Abuse Screening Tool, the Initial Health Screening tool, and the Comprehensive Mental Health Screening Tool; there is substantial compliance with standard 115.81.

**Standard 115.82: Access to emergency medical and mental health services**

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

**115.82 (a)**

* Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? [x]  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? [x]  Yes [ ]  No
* Do security staff first responders immediately notify the appropriate medical and mental health practitioners? [x]  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? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

In order to determine compliance, the following policy, and other documentation were reviewed: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 19 and 24, CoreCivic Policy 13-79, Sexual Assault Response, pages 1, 2, 3, and 4, CoreCivic policy 13-80, Sick Call, page 5. Additionally, the auditor reviewed the Sexual Abuse Incident Check Sheet.

To make a determination of compliance, the auditor interviewed the PREA Compliance Manager, the Director of Alliance Against Family Violence, and a Medical Staff member.

To determine compliance, the following observations were made during the on-site tour of the facility. The auditor observed the information provided to the inmates concerning Alliance Against Family Violence and the phone number to contact Alliance Against Family Violence.

The following describes how the evidence above was used to conclude compliance. Leavenworth Detention Center procedure states any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished: The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to the Health Services Department.

The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider, if medically indicated, for collection of evidence and any necessary medical treatment. CoreCivic will request, in writing, that the examination is performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE).

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

The Medical Staff would provide access to information about emergency contraception and sexually transmitted infections prophylaxis.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 19 and 24, CoreCivic Policy 13-79, Sexual Assault Response, pages 1, 2, 3, and 4, CoreCivic policy 13-80, Sick Call, page 5, address 115.82 (a) (b) (c) and (d).

Based on interviews with the PREA Compliance Manager, the Director of Alliance Against Family Violence, and a Medical Staff member and a review of policy, there is substantial compliance with standard 115.82.

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

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

**115.83 (a)**

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

**115.83 (c)**

* Does the facility provide such victims with medical and mental health services consistent with the community level of care? [x]  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.*) [x]  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.*) [x]  Yes [ ]  No [ ]  NA

**115.83 (f)**

* Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? [x]  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? [x]  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 [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed the following policy: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response pages 11, 12, 19, and 24, CoreCivic Policy 13-79, pages 1 – 4. In addition, the auditor interviewed the PREA Compliance Manager, a Mental Health Staff member, and a Medical Staff member.

In order to determine compliance, the following observations were made during the on-site tour of the facility: The auditor observed the information provided to the inmates concerning Alliance Against Family Violence and the phone number to contact Alliance Against Family Violence.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

Leavenworth Detention Center provides ongoing medical and mental health care for sexual abuse victims through both the facility and community health providers, specifically St. Luke’s Cushing Hospital and the Alliance Against Family Violence. Appropriate follow-up services, treatment plans, and continuing care are available. If necessary, pregnancy tests and follow-up care would be provided. Appropriate STD tests as medically indicated would be provided. There would be no cost to the inmate for this care. The Leavenworth Detention Center policy and applicable MOU’s are in place to meet the needs of the victim.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response pages 11, 12, 19, and 24, CoreCivic Policy 13-79, pages 1 – 4, address 115.83(a) (b) (c) (d) (e) (f) and (g), 115.83 (h) is not applicable.

The auditor reviewed the PREA policy and interviewed the PREA Compliance Manager, a Medical Staff member, and a Mental Health Staff member. Based on the information provided in the policy and the interviews, the auditor finds sufficient services are available for victims of sexual assault. The Leavenworth Detention Center is substantially compliant with standard 115.83

**DATA COLLECTION AND REVIEW**

**Standard 115.86: Sexual abuse incident reviews**

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

**115.86 (a)**

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

**115.86 (b)**

* Does such review ordinarily occur within 30 days of the conclusion of the investigation? [x]  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? [x]  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? [x]  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? [x]  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? [x]  Yes [ ]  No
* Does the review team: Assess the adequacy of staffing levels in that area during different shifts? [x]  Yes [ ]  No
* Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? [x]  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? [x]  Yes [ ]  No

**115.86 (e)**

* Does the facility implement the recommendations for improvement, or document its reasons for not doing so? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed the following policies: CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 22 and 23, Leavenworth Detention Policy 5-100, Incident Reporting, pages 1-7. In addition, the auditor reviewed a Sexual Abuse Incident Review Form.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

Upon completion of the investigative process, Leavenworth Detention Center staff would review the incident. The review is scheduled within 30 days of the conclusion of the investigation. The review team consists of the PREA Compliance Manager, the Warden, the Investigator, Health Services Administrator, and a Psychologist. The review team would determine if a change in procedure was necessary if the incident were motivated by any class affiliation, sexual orientation, or other group dynamics. A review of the monitoring technology would be conducted to assess its effectiveness. The physical barriers of the facility and the staffing pattern would also be evaluated. There would be a final report of the incident with appropriate recommendations.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, page 22, and 23 states:

The Warden 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. In addition to the Warden, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners. Such a review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts, and Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

All findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse Incident Review Report. Completed 14-2F forms will be forwarded to the Warden, the PREA Compliance Manager, and the PREA Compliance Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so.

The auditor reviewed eight (8) investigative files. The review of the investigative files included the date of the allegation, date of investigation initiation, whether it involved staff or inmate or both, the classification of sexual abuse or sexual harassment, the case disposition, was the disposition justified, who the investigating officer was, and the date of notification to the inmate.

The Leavenworth Detention Center reports that in the past 12 months, the number of criminal and administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents, is eight (8). Upon review, the auditor determined each of these incidents were reviewed within 30 days of the completion of the investigation.

CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, pages 22 and 23, and Leavenworth Detention Policy 5-100, Incident Reporting, pages 1-7 address 115.86(a-e).

Given the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.86.

**Standard 115.87: Data collection**

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

**115.87 (a)**

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

**115.87 (b)**

* Does the agency aggregate the incident-based sexual abuse data at least annually? [x]  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? [x]  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? [x]  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 [x]  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 [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed the following policy: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 28. In addition, the auditor reviewed the data collection instrument, the CoreCivic PREA definitions, and the CoreCivic annual PREA Reports for the past several years.

The following describes how the evidence above was used to conclude compliance.

The CoreCivic report is compiled in accordance with the United States Department of Justice (DOJ) Prison Rape Elimination Act (PREA) National Standards published in August 2012 and the United States Department of Homeland Security (DHS) Standards published in March 2014. DOJ Standards 115.87 and 115.287 provide direction for the collection of data. DOJ Standards 115.88 and 115.288, and DHS Standard 115.88, outline the responsibility for the review and assessment of collected data to improve the effectiveness of policies, practices, and training for sexual abuse prevention, detection, and response. The report provides a review of the incident-based and aggregated data for the calendar year and a comparison of aggregated data for previous calendar years. The report provides corrective actions developed to further reduce sexual abuse and sexual harassment within CoreCivic facilities.

CoreCivic utilizes an Incident Report Database to record and track all PREA incidents from the initial report made at the facility level through the investigative and review process. Data is gathered consistent with the definitions found in the United States Department of Justice PREA Standards and the Department of Homeland Security Standards for ICE facilities.

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 are retained in accordance with CoreCivic Policy 1-15 Retention of Records. Each facility ensures that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 5-18B PREA 5-1 IRD Incident Reporting Definitions. At least annually, CoreCivic aggregates the incident-based sexual abuse data. The aggregated data will, at a minimum, include all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice. Data collected for this purpose shall be securely stored and retained in accordance with CoreCivic Policy 1-15 Retention of Records. The FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website. Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. The annual review is posted online and was reviewed by the Auditor. CoreCivic provides access to their annual reviews on the web at <https://www.corecivic.com/hubfs/_files/PREA/2018-PREA%20AnnualReport-FINAL1.pdf>. The annual reports from 2013 through 2019 are available on the web site.

CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, page 28, addresses 115.87(a-d).

Leavenworth Detention Center does not contract with any other private facilities for the confinement of any inmates designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) not applicable to Leavenworth Detention Center.

The PREA Coordinator indicated the agency did not provide the Department of Justice with data from the previous calendar year as the DOJ did not request this data. Accordingly, the auditor finds 115.87(f) not applicable to Leavenworth Detention Center.

Given the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.87.

**Standard 115.88: Data review for corrective action**

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

**115.88 (a)**

* Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? [x]  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? [x]  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? [x]  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 [x]  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? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed the following documentation: the data collection instrument, and the CoreCivic annual PREA review for the past several years.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

CoreCivic reviews the data and identifies problem areas, takes corrective action, and prepares a final report. The report provides an assessment of the agency’s progress in addressing sexual abuse. The Agency Head reviews the report, and it is available online.

The Auditor did review the CoreCivic Annual Reports for the past several years. The reports capture CoreCivic strategies in terms of establishing a healthy staff and inmate sexual safety culture, inclusive of zero tolerance for sexual abuse and sexual harassment. Reports capture the requirements of 115.88.

The PREA Coordinator indicated that incident-based sexual abuse data statistics are evaluated to identify and assess any patterns. Adjustments to staff training, inmate education, the staffing plan, policies, and programming/ operations routines are considered for implementation based on the assessments.

As an agency CoreCivic initiated several corrective actions in the previous years. CoreCivic internal audits, combined with the DOJ and DHS audits by certified PREA auditors, provided valuable information needed to identify areas that required corrective action. These audits, when layered with Sexual Abuse Incident Reviews conducted at the facility level, resulted in improvements being made to the CoreCivic PREA Program:

• Sexual Abuse Investigation Training – In March of 2018, CoreCivic created a dedicated director-level position to coordinate sexual abuse investigations across the company. The Director of PREA Compliance and Investigations reviews all reported incidents of sexual abuse and sexual harassment and works with facility staff to ensure that a thorough investigation has been completed and law enforcement notifications have been made.

• PREA Month – In November 2018, “PREA Month” was held throughout CoreCivic Community facilities. This was a chance for facility administrators and directors to work with both staff and residents to increase awareness of policies and steer the culture in a positive direction. Signage was added to support the theme of PREA Month: “Priority: PREA.” The overall impact and feedback from the event was a success.

• Camera Installation and Upgrades – Multiple facilities reported that PREA incident reviews and audits resulted in the addition of mirrors to eliminate blind spots and improve the supervision of inmates/detainees/residents. As part of continuing efforts to enhance inmate/detainee/resident safety and prevent sexual abuse, CoreCivic maintains an aggressive camera upgrade program.

The PREA Coordinator reports that demographics are maintained regarding allegations and investigations. The documentation is securely maintained at both, the facilities operated by CoreCivic, and at the CoreCivic headquarters. The documentation and data are used to compile the CoreCivic Annual PREA Reports.

The PREA Coordinator reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The PREA Coordinator further reports that the annual report provides an assessment of the facility’s progress in addressing sexual abuse.

The PREA Coordinator reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. It is noted that the annual reports previously referenced contain no redactions.

Given the above, the auditor finds Leavenworth Detention Center substantially compliant with 115.88.

**Standard 115.89: Data storage, publication, and destruction**

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

**115.89 (a)**

* Does the agency ensure that data collected pursuant to § 115.87 are securely retained? [x]  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? [x]  Yes [ ]  No

**115.89 (c)**

* Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

To determine compliance, the auditor reviewed the following policy: CoreCivic Policy 14-2, Sexual Abuse Prevention and Response, pages 28 and 29. Additionally, the CoreCivic Record Retention Schedule was reviewed by the auditor.

The following describes how the evidence above was used to draw a conclusion regarding compliance.

Required data is collected, maintained, and is available online. Leavenworth Detention Center maintains this data for ten years after the date of the initial collection. The data collected includes incident reports, investigation reports, electronic evidence, law enforcement referrals, criminal investigation reports, administrative investigation reports, PREA review committee reports, and retaliation monitoring reports. Personal identifiers are removed before any publication of data. The data collected is securely retained in the Investigator's locked and secure office.

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 1-15 Retention of Records. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 5-18B PREA 5-1 IRD Incident Reporting Definitions. At least annually, CoreCivic shall aggregate the incident-based sexual abuse data. The aggregated data will, at a minimum, include all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice. Data collected for this purpose shall be securely stored and retained in accordance with CoreCivic Policy 1-15 Retention of Records. The FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website. Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.

The auditor did not observe any personal identifiers in the statistics reflected on the website.

The auditor finds Leavenworth Detention Center is substantially compliant with 115.89.

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

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

**115.401 (a)**

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

**115.401 (h)**

* Did the auditor have access to, and the ability to observe, all areas of the audited facility? [x]  Yes [ ]  No

**115.401 (i)**

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

**115.401 (m)**

* Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? [x]  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? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Leavenworth Detention Center participated in a PREA Audit in March 2017 and this audit in June 2020.

The auditor was provided access to and was permitted to observe all areas of the facility. The auditor was allowed to request and receive copies of all relevant documents (including electronically stored information). The auditor reviewed a sampling of documents and records from the previous three years. The auditor interviewed staff, supervisors, and administrators. The auditor was permitted to conduct private interviews with inmates. Inmates were allowed to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to interview community-based victim advocates.

**Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

CoreCivic has published on its agency website, all Final Audit Reports completed during the past three years preceding this audit. CoreCivic ensures a full schedule of external audits conducted by certified PREA auditors, is completed each year.

**AUDITOR CERTIFICATION**

I certify that:

[x]  The contents of this report are accurate to the best of my knowledge.

[x]  No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

[x]  I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

**Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[[1]](#footnote-2) Auditors are not permitted to submit audit reports that have been scanned.[[2]](#footnote-3) See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert J Palmquist June 25, 2020

**Auditor Signature Date**

1. See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> . [↑](#footnote-ref-2)
2. See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69. [↑](#footnote-ref-3)