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|  | **CORRECTIONAL SOLUTIONS GROUP, LLC (CSG) POLICY AND PROCEDURE MANUAL** | | | | |
| **Chapter:** |  | **Revised: January 31, 2024** |  | **Policy Number: P-1** |  |
| **Policy Title:** | **Prison Rape Elimination Act (PREA) Policy** | | | | |
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**PURPOSE:**

To establish Company PREA policies and procedures in compliance with PREA standards. Correctional Solutions Group, LLC (CSG) mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment and provides a general outline of managing the agency’s approach to preventing, detecting, and responding to such conduct. It is the responsibility of each facility to operationalize such standards in a manner appropriate for the individual facility, consistent with CSG policies and PREA Standards. A copy of the PREA Standards is included as a part of this policy.

CSG has designated an upper-level, agency-wide PREA Coordinator who has time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. In addition to the PREA Coordinator, each CSG facility is required to designate a PREA Compliance Manager with adequate time and authority to coordinate the facility’s efforts to comply with the PREA standards.

# DEFINITIONS:

The [Prison Rape Elimination Act of 2003](https://www.gpo.gov/fdsys/pkg/PLAW-108publ79/html/PLAW-108publ79.htm) is a federal law that prohibits sexual misconduct in correctional settings such as prisons, jails, lockups, juvenile facilities, and community corrections. Sexual misconduct under this law includes:

* + Inmate-on-inmate sexual abuse and sexual harassment;
  + staff-on-inmate sexual abuse and sexual harassment; and
  + It also applies to contractors and volunteers.

1. **Sexual abuse** of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
   1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
   2. Contact between the mouth and the penis, vulva, or anus;
   3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
   4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.
2. Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:
   1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
   2. Contact between the mouth and the penis, vulva, or anus;
   3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
   4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
   5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
   6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (a)-(f) of this section;
   7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
   8. Voyeurism by a staff member, contractor, or volunteer:
      1. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate’s naked body or of an inmate performing bodily functions.
3. Sexual harassment includes:
   1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and
   2. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
4. A complete list of definitions is found in the attached PREA standards.

**PREVENTION PLANNING**

1. **Zero-Tolerance of Sexual Abuse and Sexual Harassment:** CSG has instituted a zero-tolerance policy toward all forms of Sexual Harassment and Sexual Abuse in all of its facilities. All CSG, Employees, Contractors, and Volunteers have a responsibility to report all allegations or knowledge of Sexual Abuse, Sexual Harassment, romantic, or sexual contact that takes place within a CSG operated facility or other offender program. An investigation is conducted for all allegations of sexual misconduct. If sexual misconduct is substantiated, appropriate disciplinary actions will be taken against the Employee, Contractor, or individuals in a Correctional Solutions Group Facility or Program, including possible criminal prosecution.
2. **Contracting with Other Entities for the Confinement of Inmates/Residents**
   1. CSG enters into contractual agreements with governmental entities for the confinement of residents. CSG expects the adoption of and compliance with PREA standards to be stated in the contract due to the standards being federal law. CSG expects agencies in which CSG enters into a contractual agreement to require contract compliance monitoring, as determined by the contracting agency, in order to monitor CSG’s compliance with the contract requirements, and PREA standards. CSG is committed to the prevention and elimination of sexual abuse/harassment within CSG facilities through compliance with the Prison Rape Elimination Act. CSG maintains compliance with PREA standards to ensure the efficacy of CSG as a contracting agency for governmental entities.
   2. Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may CSG enter into a contract for community confinement with an entity that fails to comply with these standards. If such a case, CSG must document its unsuccessful attempts to find an entity in compliance with the standards.

# Supervision and Monitoring (Staffing Plans & Facility Layout)

# Each facility operated by CSG shall develop, document, and make its best efforts to comply with staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse.

# CSG’s Staffing Plans and corresponding Facility Layout are designed specifically for each of its facility locations. The staffing requirements are specific to each location and minimum requirements are stated in the contract. In addition to contractual staffing requirements, safety for staff and residents and prevention of sexual abuse/harassment is the main objective of the Plan. Adequate supervision and staff oversight of all activities and areas of the facility are key elements of the plan.

# In developing Staffing Plans for Jail and Prison facilities, the following items are considered:

# Generally accepted detention and correctional practices;

* 1. Any judicial findings of inadequacy;
  2. Any findings of inadequacy from Federal Investigative agencies;
  3. Any findings of inadequacy from internal or external oversight bodies;
  4. All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated);
  5. The composition of the inmate population;
  6. The number and placement of supervisory staff;
  7. Institutional programs occurring on a particular shift;
  8. Any applicable State or local laws, regulations, or standards; and
  9. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
  10. Each jail operated by CSG shall develop and implement both policy and procedure of having intermediate-level or higher-level supervisor conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The policy and practice shall be implemented for all shifts. Staff are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

1. In developing staffing plans, each **community confinement center** operated by CSG shall consider:
   1. The physical layout of each facility;
   2. The composition of the resident population;
   3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
   4. Any other relevant factors.

# In cases where the staffing plan is not complied with, the Facility Directoror designee shall document and justify the deviations from the plan.

# Effective January 2023, each facility shall submit the facility’s staffing plan to the PREA Coordinator by January 31st for review and submission to the CSG Corporate Office to determine and document whether adjustments are needed to:

# The staffing plan;

# Prevailing staffing patterns;

# The facility’s deployment of video monitoring systems and other monitoring technologies; and

# The resources the facility has available to commit to ensure adequate staffing levels.

# When CSG designs or acquires any new facility and in planning any substantial expansion or modification of existing facilities, the Company shall consider the effect of the design, acquisition, expansion, or modification with its ability to protect inmates/residents from sexual abuse.

# When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Company shall consider how such technology may enhance its ability to protect inmates/residents from sexual abuse. Concerns, recommendations, and requests for building modifications or new technology may be noted in the staffing plan or other written request by the Facility Director or designee. Written approval is provided through the Corporate Office.

# Youthful Inmates: CSG facilities do not house residents under the age of 18.

# RESPONSIVE PLANNING

# Limits to Cross-Gender Viewing and Searches:

# Each facility operated by CSG shall develop policies and procedures related to cross-gender viewing and searches in accordance with PREA standards.

# As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision. N/A-All CSG Facilities exceed 50 residents.

# The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female residents.

# The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, 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.

# Operationally, there are four options are in current practice for searches of transgender or intersex inmates/residents/detainees:

# Searches conducted only by medical staff;

# Pat searches of adult inmates conducted by female staff only, especially given there is no prohibition on the pat searches female staff can perform (except in juvenile facilities);

# Asking inmates/residents/detainees to identify the gender of staff with whom they would feel most comfortable conducting the search; and

# Searches are conducted in accordance with the inmate’s gender identity. Agencies or facilities that conduct searches based solely on the gender designation of the facility without considering other factors such as the gender identity or expression of the individual inmate or the inmate’s preference regarding the gender of the person conducting the search, would not be compliant with Standards 115.15, 115.115, 115.215, and 115.315.

# The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs.

# The facility shall implement policies and procedures that enable residents 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

# Residents with Disabilities and Residents Who are Limited English Proficient:

# CSG is responsible for ensuring that each facility takes appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

# In addition, CSG shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. CSG is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

# CSG shall 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 residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

# Facilities operated by CSG shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.64/§115.264, or the investigation of the resident’s allegations.

# Hiring and Promotion Decisions:

# The Company shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, 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);

# 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

# Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section

# The Company shall consider 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 residents.

# Before hiring new employees, who may have contact with residents, the Company shall:

# Perform a criminal background records check; and

# 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.

# The agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with residents.

# The Company shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

# The Company shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (3) of this section in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

# Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

# Unless prohibited by law, the Company shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

**RESPONSIVE PLANNING:**

1. **Evidence Protocol and Forensic Medical Examinations:**
2. Each facility operated by CSG shall develop procedures for conducting investigations of allegations of sexual abuse that follows a uniform evidence protocol which maximized the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
3. Since CSG facilities do not accept youthful offenders under the age of 18, they are not required to use a protocol specifically developed for youth.
4. Each facility operated by CSG shall offer all victims of sexual abuse access to forensic medical exam without financial cost, where evidentiarily or medically appropriate. Such exams shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANEs) where possible.
   1. It is the facility’s responsibility to develop procedures for accessing forensic medical exams and using SANEs or SAFEs. Each facility shall develop a Memorandum of Understanding with the facility where the forensic exam occurs (If not conducted at the facility) and the SAFE/SANE nurses. If the facility is unable to enter into an MOU, it will document its attempts to make such an agreement.
5. Each facility is responsible for developing procedures to make available to the victim a victim advocate from a rape crisis center. The facility may secure services from a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system and offers a comparable level of confidentiality as nongovernmental entity that provides similar victim services. If no rape crisis center is available, the facility shall make such services available through a qualified staff member from a community-based organization or a qualified staff member. All efforts to secure services from the rape crisis center must be documented.
   1. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide:
      1. Emotional support;
      2. Crisis Intervention; and
      3. Information and referrals.
   2. If the victim advocate is not a qualified facility staff member, the facility shall enter into an MOU with the victim advocate or document its attempts to do so.
6. **Policies to Ensure Referrals of Allegations for Investigations:**
   1. Each facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
   2. It is Correctional Solutions Group’s policy that all 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. Referrals may be made by the victim, staff member, or a friend or family member of a victim on their behalf (third-party reporting). The policy statement is included on the CSG website, as well as methods of reporting, including:
      1. Electronic referral through the website;
      2. Calling 911; Contacting the Company PREA Coordinator:

Carol Powell, PREA Coordinator

12101 N. Macarthur Blvd. Ste A, 174

Oklahoma City, OK 73162

(903) 805-7016

1. Contacting the contracting agency:
2. Contact information for the Texas Ombudsman for facilities contracted with the Texas Department of Criminal Justice; and
3. Contact information for the contract monitors for facilities contracted with the Federal Bureau of Prisons.

# On each facility location page of the website, contact information for the facility’s PREA Manager must be provided.

# TRAINING AND EDUCATION:

# Employee Training

# Each facility shall have a training program for all staff who have contact with residents/inmates as provided in PREA Standard §115.31 or §115.231 and provide refresher training every two years. In years in which refresher training is not provided, the facilities will provide refresher information on current sexual abuse and sexual harassment policies.

# All such training is documented through employee signature or electronic verification that the employees understand the training they have received.

# All administrative staff located in the CSG Office in Tyler, TX will receive PREA training. The training may be accessed through the National Institute of Corrections or PREA Resource Center.

# Volunteer and Contractor Training

# Each facility shall provide training for all volunteers and contractors who have contact with residents as provided in §115.32 or §115.232.

# All such training is documented, and the facility maintains documentation that contractors and volunteers have received and understood the training.

# Resident/Inmate Training

# All residents/inmates will receive information and training related to sexual safety as provided in standards §115.33 or §115.233.

# Facility policy will describe how training will be provided to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as those who have limited reading skills.

# Each facility shall ensure that key information is continuously and readily available or visible to residents through posters, handbooks, kiosks, etc.

# Specialized Training – Investigator

# In addition to basic PREA training, any staff member shall be provided with, to the extent that facility conduct s sexual abuse investigations, training in conducting such investigations in a confinement setting as provided in §115.115.23 or §115.231.

# Such training must be documented by signature, stating that the trainee received and understood such training.

# Specialized training - Medical and Mental Health Care

# Each facility shall ensure that all full-time and part-time medical and mental health care practitioners who work regularly in the facilities have been trained in the specific requirements of §115.35 or §115.235.

# In addition to the specialized training, mental and mental health shall also receive in standard §115.31 or §115.231.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS:

# Screening for Risk of Sexual Victimization and Abusiveness

# All residents/inmates arriving at either a transitional or detention center are assessed for their risk of being sexually abused and risk of being sexually abusive toward other residents, no later than 72 hours of arrival at the facility, and upon transfer to another facility.

# Intake screenings shall be conducted within 72 hours of arrival at the facility.

# The PREA Risk Assessment is conducted by using an objective screening instrument, is utilized for determining a resident’s risk of sexual victimization and being a perpetrator.

# The following criteria, required by the PREA Standards, to assess residents for risk of sexual victimization:

# Whether the resident has a mental, physical, or developmental disability;

# The age of the resident;

# The physical build of the resident;

# Whether the resident has previously been incarcerated;

# Whether the resident’s criminal history is exclusively nonviolent;

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

# Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

# Whether the resident has previously experienced sexual victimization; and

# The resident’s perception of vulnerability.

# Whether the inmate is being detained solely for civil immigration purposes. (Jails and Prisons Only)

# The following criteria is considered in assessing a resident’s risk of being a sexual predator:

# Prior acts of sexual abuse;

# Prior convictions for violent offenses;

# History of prior institutional violence or sexual abuse as known.

* 1. Regardless of whether the assessment is conducted through a computer program or by hand, staff are required to include their own observations, as well as the resident’s/inmate’s observations in the assessment. For example, instead of assuming a 20-year-old male would be sexually safe in the facility, make notes if he may appear frail or sickly. Just because he’s young, he may not be safe.
  2. Residents may not be disciplined for refusing to answer, or for not disclosing complete information.
  3. Within a time period of not to exceed 30 days from the resident’s/inmate’s arrival at the facility, the facility will reassess the resident’s/inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
  4. An inmate’s/resident’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s/resident’s risk of sexual victimization or abusiveness.
  5. Each facility will develop procedures that limit the dissemination within the facility of responses to the risk assessment to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents/inmates.

1. **Use of the Screening Information**
   1. Each facility will use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
   2. The facility must make individualized determinations about how to ensure for the safety of each inmate.
   3. Factors to include in deciding where to assign housing and programming for a transgender or intersex resident/inmate include:
      1. On a case-by-case basis whether a placement would ensure the resident/inmate’s health and safety;
      2. Whether the placement would present management or security problems; and
      3. The resident/inmate’s own views with respect to his or her own safety.
2. Transgender or intersex residents/inmates shall be given the opportunity to shower separately from other residents.
3. In **Prisons and Jails** programming and placement assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.
4. It is CSG policy that no facility shall place lesbian, gay, bisexual, transgender, or intersex residents/inmates in dedicated facilities, units, or wings solely on the basis of such identification or status unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement.
5. **Protective Custody – Prisons and Jails Only**
   * 1. Each jail facility shall develop procedures to ensure that inmates at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and determination has been made that there is no available alternative means of separation from likely abusers.
     2. Such procedures must meet all requirements of §115.43 (a)-(e).
6. **Resident/Inmate Reporting**
   1. Each facility shall develop procedures that provide multiple internal ways for residents/inmates to privately report:
      1. Sexual abuse and sexual harassment;
      2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and
      3. Staff neglect or violation of responsibilities that may have contributed to such incidents.
   2. Inmates/Residents at each facility are informed of multiple ways to report abuse or harassment to a public or private entity or office that is not part of the facility and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to CSG officials, allowing the resident to remain anonymous upon request. All means of reporting are noted in the Resident Handbook and PREA Posters placed in the dorm, as well as PREA signage in lobbies, kitchen and dining, and recreational areas. Such information may also be available through the kiosks located throughout the facility.
   3. Each facility shall develop a procedure provides a method for staff to privately report sexual abuse and sexual harassment of inmates/residents.
   4. CSG staff will not reject any reports of sexual abuse or sexual harassment, whether the report is made to them verbally, in writing, anonymously, or from third parties. Any verbal reports of sexual abuse or sexual harassment will be documented by the staff person receiving the verbal report. Any reports received or documentation of a verbal report will be forwarded to the Facility Director immediately (by phone notification if during non-business hours). The Facility Directorwill immediately review all reports and documentation of verbal reports with the PREA Coordinator to determine the appropriate course of action.
7. **Exhaustion of administrative remedies** 
   1. Each facility shall develop administrative procedures to address inmate grievances regarding sexual abuse.
      1. Grievances shall be checked a minimum of six (6) days a week.
      2. Facility policies must be written to comply with each provision of §115.52 (Prisons and Jails) or §115.252 (Community Confinement).
8. **Resident/Inmate Access to Outside Support Services**
   1. Each facility shall provide residents/inmates with access to outside victim advocates for emotional support related to sexual abuse by giving them:
   2. Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; and
   3. **Jails Only** – For persons detained solely for civil immigration purposes, immigrant services agencies, the facility must enable reasonable communication between residents/inmates and these organizations, in as confidential manner as possible.
   4. Each facility shall develop a procedure wherein the resident/inmate is informed 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.
   5. **Jails Only** – For persons detained solely for civil immigration purposes, immigrant services agencies, the facility must enable reasonable communication between residents/inmates and these organizations, in as confidential manner as possible.
9. **Reporting Duties**
10. When a facility learns that a resident/inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the potential victim.
11. Upon receiving an allegation that an inmate was sexually abused while confined in another facility, the Facility Director of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The Facility Director may not delegate this responsibility to any other staff member.
    * 1. The notification must occur as soon as possible, but no later than 72 hours after receiving the allegation.
12. The Facility Director must document that the documentation was provided.
13. The Facility Director or agency office that receives such notification shall ensure that the allegation is investigated in accordance with PREA Standards.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT/INMATE REPORT**

1. **First Responder Duties**
   1. Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:
      1. Separate the alleged victim and abuser to protect the victim immediately notify the On-Duty Call Supervisor and remain on the scene;
      2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence (see below);
      3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
      4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.
   2. 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 then notify security staff.
2. **Coordinated Response:** Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.
3. **Preservation of the Ability to Protect Residents/Inmates from Contact with Abusers**
   1. Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.
   2. Nothing in this standard shall restrict the entering into or renewal of agreements that govern:
      1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §115.72 and §115.76; or §115.272 and §115.276.
      2. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated**.**
4. **Protection Against Retaliation**
   1. Each facility shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.
   2. Each facility shall develop and use multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
   3. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
   4. In the case of residents, such monitoring shall also include periodic status checks.
   5. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.
   6. A facility’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

**INVESTIGATIONS:**

1. **Investigations**
   1. When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
   2. Where sexual abuse is alleged, the facility shall use investigators who have received special training in sexual abuse investigations pursuant to §115.34 or §115.234.
   3. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
   4. When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
   5. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
   6. Administrative investigations:
      1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
      2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
   7. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
      1. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
      2. The facility shall retain all written reports referenced in paragraphs (6) and (7) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
      3. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
   8. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
   9. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.
2. **Evidentiary standard for administrative investigation:** The facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
3. **Reporting to Residents/Inmates**
   1. Following an investigation into a resident’s/inmate’s allegation of sexual abuse suffered in the facility, the facility shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
   2. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.
   3. Following a resident’s/inmate’s allegation that a staff member has committed sexual abuse against them, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:
      1. The staff member is no longer posted within the resident’s unit;
      2. The staff member is no longer employed at the facility;
      3. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
      4. The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
   4. Following a resident’s/inmate’s allegation that they have been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:
      1. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
      2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
   5. All such notifications or attempted notifications shall be documented.
   6. The facility’s obligation to report under this standard shall terminate if the resident is released from the facility’s custody.

# DISCIPLINE

1. **Disciplinary sanctions for staff** 
   1. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
   2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
   3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.
   4. 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
2. **Corrective action for contractors and volunteers**
   1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
   2. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.
3. **Disciplinary sanctions for residents** 
   1. Residents/Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
   2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s/inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other residents/inmates with similar histories.
   3. The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
   4. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.
   5. The facility may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
   6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
   7. The facility may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

# MEDICAL AND MENTAL CARE

1. **Access to emergency medical and mental health services**
   1. Resident victims of sexual abuse shall 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.
   2. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.62/ §115.262 and shall immediately notify the appropriate medical and mental health practitioners.
   3. Resident/Inmate victims of sexual abuse while incarcerated shall be 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.
   4. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
2. **Jail Only:**
   1. If the risk assessment screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
   2. If the risk assessment screening indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
   3. If the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
3. **Community Confinement Only:** 
   1. Resident victims of sexual abuse shall 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.
   2. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.262 and shall immediately notify the appropriate medical and mental health practitioners.
   3. Resident victims of sexual abuse while incarcerated shall be 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.
   4. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

# Ongoing medical and mental health care for sexual abuse victims and abusers

# The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents/inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

# The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

# The facility shall provide such victims with medical and mental health services consistent with the community level of care.

# Resident/Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

# If pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy- related medical services.

# Resident/Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

# Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

# The facility shall attempt to conduct a mental health evaluation of all known resident-on- resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

# DATA COLLECTION AND REVIEW

# Sexual abuse incident review

# Each facility shall 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.

# Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

# The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

# The review team shall:

# Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

# Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

# Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

# Assess the adequacy of staffing levels in that area during different shifts;

# Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

# Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a)-(e) and (5) of this section, and any recommendations for improvement, and submit such report to the Facility Director and PREA Coordinator, and when applicable, the PREA Manager.

# The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

# Data collection

# Each facility shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

# Each facility shall aggregate the incident-based sexual abuse data at least annually.

# The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

# The facility shall maintain, review, and collect data as needed from all available incident- based documents including reports, investigation files, and sexual abuse incident reviews.

# Effective January 2023, such data must be submitted to the PREA Coordinator and The CSG Executive Director by January 31st.

# Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

# Data review for corrective action

# The agency shall review data collected and aggregated pursuant to in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

* + 1. Identifying problem areas;
    2. Taking corrective action on an ongoing basis; and
    3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
  1. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.
  2. Each facility report shall be approved by the Executive Director and made readily available to the public through the Correctional Solutions Group (CSG) website.
  3. The Facility Director may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

1. **Data storage, publication, and destruction** 
   1. Each facility shall ensure that data collected are securely retained.
   2. CSG shall 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.

# Before making aggregated sexual abuse data publicly available, each facility shall remove all personal identifiers.

# Each facility shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

# AUDITS

1. **Frequency and Scope of Audits**
   1. CSG shall conduct audits pursuant to §§ 115.401-405.
   2. During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.
   3. During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.
   4. The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.
   5. The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.
   6. The agency shall bear the burden of demonstrating compliance with the standards. The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.
   7. The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period. The auditor shall have access to, and shall observe, all areas of the audited facilities.
   8. The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.
   9. The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.
   10. The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watch tour) that may be relevant to the provisions being audited.
   11. The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.
   12. Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.
   13. Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.
   14. An audit shall be conducted by:
       1. A member of a correctional monitoring body that is not part of, or under the authority of, the agency (but may be part of, or authorized by, the relevant State or local government);
       2. A member of an auditing entity such as an inspector general’s or ombudsperson’s office that is external to the agency; or
       3. Other outside individuals with relevant experience.
   15. All auditors shall be certified by the Department of Justice. The Department of Justice shall develop and issue procedures regarding the certification process, which shall include training requirements.
   16. No audit may be conducted by an auditor who has received financial compensation from the agency being audited (except for compensation received for conducting prior PREA audits) within the three years prior to the agency’s retention of the auditor.
   17. The agency shall not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the agency’s retention of the auditor, with the exception of contracting for subsequent PREA audits.
2. **Audit contents and findings**
   1. Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.
   2. Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.
   3. For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.
   4. Audit reports shall describe the methodology, sampling sizes, and basis for the auditor’s conclusions with regard to each standard provision for each audited facility and shall include recommendations for any required corrective action.
   5. Auditors shall redact any personally identifiable inmate or staff information from their reports but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.
   6. The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.
3. **Audit corrective action plan**
   1. A finding of “Does Not Meet Standard” with one or more standards shall trigger a 180-day corrective action period.
   2. The auditor and the agency shall jointly develop a corrective action plan to achieve compliance.
   3. The auditor shall take necessary and appropriate steps to verify implementation of the corrective action plan, such as reviewing updated policies and procedures or re-inspecting portions of a facility.
   4. After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action. If the agency does not achieve compliance with each standard, it may (at its discretion and cost) request a subsequent audit once it believes that is has achieved compliance.

**EFFECTIVE DATE**

**AUTHORIZED SIGNATURE**