

PREA AUDIT REPORT ☐ Interim ☒ Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: July 10, 2018

Auditor Information			
Auditor name: David Haasenritter			
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Email: davidkhaasenritter@gmail.com			
Telephone number: 540-903-6457			
Date of facility visit: September 18-19, 2017			
Facility Information			
Facility name: Cheyenne Transitional Center			
Facility physical address: 322 West 17 th Sreet, Cheyenne, WY 82001			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 307-632-9096			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Christina Russell			
Number of staff assigned to the facility in the last 12 months: 25			
Designed facility capacity: 126			
Current population of facility: 98			
Facility security levels/inmate custody levels: Minumum			
Age range of the population: 26 – 62 years			
Name of PREA Compliance Manager: Jamie Goemer		Title: Asst. Director/PREA Compliance	
Email address: Jamie.Goerner@corecivic.com		Telephone number: (307) 256 - 0772	
Agency Information			
Name of agency: CoreCivic			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 10 Burton Hills Boulevard Suite 200 Nashville, TN 37215			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 616-263-3000			
Agency Chief Executive Officer			
Name: Damon Hininger		Title: CEO	
Email address: Damon.Hininger@CoreCivic.com		Telephone number: 615-263-3000	
Agency-Wide PREA Coordinator			
Name: Eric Pierson		Title: PREA Coordinator	
Email address: eric.pierson@corecivic.com		Telephone number: 615-961-6433	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Cheyenne Transitional Center was conducted on September 18 - 19, 2017 by David Haasenritter. Cheyenne Transitional Center is operated by CoreCivic, previously known as Corrections Corporation of America (CCA) and some documents used in this audit and report were still titled as CCA. Six weeks prior to the audit, the audit notice was posted in English and Spanish and stated all information is confidential. Auditor observed notices posted in both English and Spanish in all housing units and in all common areas used by residents and staff, to include entry points and visitation area. Approximately three weeks prior to the audit, the auditor received the PREA questionnaire and policies, procedures and supporting documentation related to each standard for review on a thumb drive. The documents and questionnaire were organized, highlighted, and tabbed. The Friday before the auditor was provided a roster of all residents housed at the center; lists of residents for specific categories to be interviewed; and a list of all staff by duty position and shifts that were used to identify residents and staff to be interviewed (random and specific category).

The auditor contacted Just Detention International (JDI) in reference any information previously submitted by residents at the Cheyenne Transitional Center and information about local victim advocates; the Cheyenne Regional Medical Center in reference to forensic exam; and Cheyenne Safehouse reference victim advocate support prior and during the audit. Prior to the audit, the auditor reviewed the CoreCivic and Wyoming Department of Corrections websites and did a google search of the Cheyenne Transitional Center.

The CoreCivic website is very informative, and the CoreCivic PREA page lists: general information on PREA; agency zero tolerance policy; how to report; information on investigations; and where questions and inquiries can be forwarded to (PREA Coordinator phone and mailing address). It also includes links to include: PREA standards; CoreCivic PREA policies; CoreCivic 2013, 2014, 2015, 2016 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

The Wyoming Department of Corrections website PREA page lists: information about PREA, nine purposes established under the Act; PREA hotline information; third party reporting; contact information, Wyoming Department of Corrections Annual PREA Report; facility PREA reports to include Cheyenne Transitional Center; and links to Just Detention International and National Institute of Corrections – PREA.

Following the entrance meeting with the Director and PREA Compliance Manager, the auditor conducted a site review of the Cheyenne Transitional Center on September 18, with going back to certain areas on September 19. While on the site review, random residents and staff were informally interviewed and not counted towards the formal interview requirements. Questions posed were related to training received, zero tolerance policy, awareness of responsibilities, procedures and responsibilities for reporting sexual abuse, sexual harassment, and/or retaliation, and questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and residents informally interviewed acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. The auditor visited and observed operations in all areas of the center. Special attention was given to observing resident and staff interaction, staffing levels, physical plant, sight lines, camera coverage, posted PREA information, intake, resident initial PREA screens, cross gender announcement, and cross gender observation.

Following the site review, the auditor began the formal interviews, review of investigations, checking of cameras, and random checks of staff, resident, and training records. Staff interviews were based on the requirements from auditor handbook. Some staff were selected for interviews based on the pre-audit document review, and others were selected based on the lists of employees provided on-site. Staff were selected from all shifts and from line and supervisory staff, ensuring a balanced perspective. The auditor formally interviewed 13 random staff, one human resource staff, one investigator, one intake staff, three incident review team members, four staff who perform resident screening, the Director, the PREA Compliance Manager, and the Wyoming on-site contract monitor. The auditor previously interviewed the CoreCivic PREA Coordinator and the Agency Head Designee. Staff interviewed were aware of the zero-tolerance policy and were very well versed in their first responder responsibilities and the coordinated response plan. Specialized interviews indicated well trained staff in their areas of responsibility. Staff acknowledged ways to avoid inappropriate relationships with residents, and possible signs of abuse. Everyone interviewed confirmed they received PREA training upon hire and at additional intervals during their employment, at least annually. All persons interviewed were selected by the auditors.

The number of interviews required for residents was calculated based on the auditor handbook formulas. A request was made to the facility for a current roster of all residents and lists of residents for specific categories to be printed and available the day before the audit. The facility provided the lists electronically the Friday before the audit. These lists were used to select candidates for interviews. The auditor formally interviewed 27 resident interviews (17 random, four bi-sexual, one lesbian, three physically disabled, three mentally disabled, and one who reported sexual abuse at another facility during the screening process). Note all 27 residents were interviewed using the random questionnaire. Residents acknowledged receiving PREA training upon arrival and receiving information about the zero-tolerance policy and how to make a report. Residents were able to explain where they can access more information about PREA (handbook, posters) and the different methods that can be used. All residents interviewed expressed feeling safe at Cheyenne Transitional Center. All residents interviewed were selected by the auditor.

The auditor reviewed the allegations of a sexual abuse and sexual harassment in the last 20 months at Cheyenne Transitional Center. There were two (2) resident-resident consensual sex/misconduct substantiated and two (2) resident-resident consensual sex/misconduct open. There were also two (2) staff-resident sexual abuse substantiated, two (2) staff-resident sexual abuse unsubstantiated, two (2) staff-resident sexual abuse open, and one (1) staff-resident sexual harassment unfounded.

When the on-site audit was completed, the auditor conducted an exit meeting. While the auditor could not give the center a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked the Director and PREA Compliance Manager for their challenging work and commitment to the Prison Rape Elimination Act.

During the interim report writing and corrective action period, the auditor reviewed additional documents, conducted additional interviews, and worked with Cheyenne Transitional Center PREA Compliance Manager and Wyoming PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Cheyenne Transitional Center is located downtown in the retail area of the city. It is one building with three floors and a basement. This facility is a 126-bed co-ed facility with residents living in 2 – 12 people rooms. Count on the first day of the audit was 98, which was also the average population for the last 12 months. They offer job placement preparation, case management and a variety of programs for substance abuse, anger management and life skills. Residents are from the Wyoming Department of Corrections and the United States District Court Probation office.

The main entry point is at the front desk which serves as the central check-in for residents and visitors. Random searches are conducted at this point. The agency's Zero Tolerance Policy notice is posted, and visitors acknowledge that they are aware of the Zero Tolerance Policy and the requirement to report any sexual abuse or harassment. The basement is a large area mostly used for storage and maintenance. The first floor is all the administrative areas and female living area. The upper levels are male housing areas. The sleeping rooms all have private bathrooms which allow the residents to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. The interviews with male and female residents confirmed that staff of the opposite gender do not view residents of the opposite gender while they shower, change clothes, perform bodily functions. Policy and procedure state that staff will announce their presence when entering an area where a resident may be changing, performing bodily functions or showering. The residents confirmed that opposite gender staff do announce their presence. During the audit, the auditor also observed this practice.

Mission of the Cheyenne Transitional Center is to deliver proven and innovative practices in settings that help people obtain employment, successful reintegration into society and keep communities safe.

SUMMARY OF AUDIT FINDINGS

On September 18 - 19, 2017, the on-site visit was completed. Within a week of the audit being completed, the auditor provided a list of not met standards, and standards requiring additional information. During the 45-day interim report writing period, six (6) standards (115.213, 115.217, 115.221, 115.241, 115.242, 115.253) were identified as requiring corrective action. During the corrective action period, Cheyenne Transitional Center worked long term solutions to come into compliance and make the center a safer place and PREA compliant. The Cheyenne Transitional Center PREA audit closed on April 19, 2017, the final results are listed below:

Number of standards exceeded: 3 (115.232, 115.261, 115.288)

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic (formerly Corrections Corporation of America (CCA)) Policy 14-2CC (Sexual Abuse Prevention and Response) for facility Cheyenne Transitional Center is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment which outlines the agency's approach to preventing, detecting and responding to such conduct. Cheyenne Transitional Center also follows Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 Protection from Sexual Misconduct Against Offenders which mandates Wyoming Department of Corrections Adult Community Corrections zero tolerance towards all forms of sexual abuse and sexual harassment which outlines the agency's approach to preventing, detecting and responding to such conduct.

CoreCivic employs an upper-level, agency-wide PREA coordinator and a PREA compliance manager. Mr. Eric Pierson is the PREA Coordinator, and a certified PREA auditor. He is knowledgeable of PREA standards and has the authority to develop, implement, and oversee PREA compliance. He indirectly supervises approximately 55 compliance managers.

Ms. Jamie Goerner serves as the Assistant Facility Director and Cheyenne Transitional Center PREA Compliance Manager. She claimed to have enough time to perform her PREA duties and has the authority to develop and coordinate PREA policies and activities. She is actively involved in many facets of the program to include resident screening, staff and resident training, and monitoring. During her interview she demonstrated very good knowledge of the PREA standards. It should be noted Facility Director Christina Russell was very knowledgeable of PREA standards, one of the best Director the auditor has met in PREA Community Corrections audits.

Based on review of related policy, review of agency and facility organizational chart, and interviews with staff and residents, CoreCivic and Cheyenne Transitional Center meets the requirements of this standard.

Standard 115.212 Contracting with other entities for the confinement of residents

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic is a private provider and does not contract with other agencies for the confinement of residents.

Standard 115.213 Supervision and monitoring

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic ensures each institution it operates develops document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse by monitoring and reviewing the staffing plans. CCA Policy 14-2CC establishes procedures to develop and monitor staffing plans uses the criteria found in standard 115.213 (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. Cheyenne Transitional Center had cameras located throughout the facility. The staffing plan is reviewed annually by the Director and PREA Compliance Manager at the center; and CoreCivic PREA Coordinator and Vice President for Operations. The auditor reviewed the 2016 annual review.

CCA Policy 14-2CC requires the staffing plan be complied with and when it does not the institution shall document and justify all deviations from the plan. Through review of the staffing plan and shift documents, interview of staff and the leadership, it was determined Cheyenne Transitional Center had no deviations from the staffing plan in the last 12 months.

Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 Protection from Sexual Misconduct Against Offenders also covers all parts of the standard.

Based on review of related policy, observation during the audit, review of staffing plan and the annual review of the staffing plan, and interviews with staff, CoreCivic and Cheyenne Transitional Center meets the requirements of this standard.

Standard 115.215 Limits to cross-gender viewing and searches

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4, states the institution shall 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; and requires staff of the opposite gender to announce their presence when entering an residents housing unit. It provides guidance how opposite gender staff is to announce their presence when entering a resident room. Staff of the opposite sex announces themselves when they enter the rooms. Residents interviewed confirmed that this practice is being adhered to and indicated that they feel they have privacy when staff of the opposite sex is in their housing unit. Shower curtains have also been provided in the private showers.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4, outlines centers shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances; and shall document all cross-gender strip searches and cross-gender visual body cavity searches. Based on documents reviewed and interviews of staff and residents, Cheyenne Transitional Center has not conducted cross-gender strip searches or cross-gender visual body

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cavity searches in the last 12 months.

Review of training records, lesson plans, and interviews of staff demonstrated staff had been trained to conduct how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Not Meet Findings

115.213(f) 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, and in the least intrusive manner possible, consistent with security needs.

Finding: The auditor found through interviews that staff did not know the definition of a transgender residents and did not know how to conduct cross-gender searches of transgender residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs (115.15 (f)).

Corrective Action. Conduct training of staff on definitions and how to properly conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Provide the auditor proof of training to include lesson plan or slides and sign-in sheets or understood training documents, and the auditor will interview some staff.

Cheyenne Transitional Center conducted training from January – March. The auditor found the Cheyenne Transitional Center as meet standard following review of training documents, and interviews of six staff. Staff interviewed knew the definition of transgender and how to conduct a pat search of a transgender resident.

Based on review of related policy, observation during the audit, review of training and operational documents, and interviews with staff and residents, Cheyenne Transitional Center meets the requirements of this standard.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Cheyenne Transitional Center takes appropriate steps to ensure that residents with disabilities and residents that are limited English proficient have an equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4; PREA posters, brochures, and resident handbook; and staff and resident interviews were used to verify compliance of this standard. Cheyenne Transitional Center uses the AT&T services for those residents who need help if they are unable to read or understand English. Laramie County Court System provides a list of interpreters. Resident documents are provided in English and Spanish. Informational and educational materials for residents with disabilities are provided in ways that will enable the resident to understand the DOCR zero tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. Resident interviews of disabled residents demonstrated PREA information were in formats they could understand and provide an opportunity to participate and benefit from all aspects of the CoreCivic and Cheyenne Transitional Center efforts to prevent, detect and respond to sexual abuse and harassment.

Standard 115.217 Hiring and promotion decisions

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; 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 been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. CCA Policy 14-2CC requires the institution to 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. Prior to the audit an employee background check and application packet were reviewed. During the audit, the auditor reviewed additional 20 background checks and employee application packets. Through review of personnel records and staff interviews it was determined Cheyenne Transitional Center staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; 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 been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion.

CCA Policy 14-2CC requires background checks for staff and contractors; and 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 and updating background checks of employees and contractors every five years. Interviews of Human Resource staff and a review of an employee application packets demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Prior to the audit one background check of an employee was reviewed. During the audit the auditor reviewed 20 employee application packets that demonstrated background checks were done prior to employment. The auditor also reviewed random staff background checks and found all current background checks were less than five years old. Most staff had been at Cheyenne Transitional Center less than five years and those over five years had a background check less than five years old. A few five-year background checks were late but were current at the time of the audit.

CCA Policy 14-2CC states shall ask all applicants and employees who may have contact with residents directly about previous sexual misconduct as described in PREA standard 115.17 (a) 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; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. CCA Policy 14-2CC requires information be provided 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.

CCA Policy 14-2CC states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

Not Meet Findings

115.217 (f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) 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.

Finding. The auditor reviewed 20 staff files and found no staff had 2016 Form 14-2CC H Self Declaration of Sexual Abuse/Sexual Harassment. All 20 had 2017 Form 14-2CC H Self Declaration of Sexual Abuse/Sexual Harassment completed.

Corrective Action Plan: Develop a system to ensure 14-2CC H document is completed during annual evaluation.

The auditor reviewed the process to ensure 14-2CC H document is completed during annual evaluations. The auditor also reviewed 10 14-2CC H completed after the audit. The auditor discussed with the PREA Compliance Manager and found the Cheyenne Transitional Center

to meet the standard.

Standard 115.218 Upgrades to facilities and technologies

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Through review of CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4, and interviews of CoreCivic PREA Coordinator, Cheyenne Transitional Center PREA Compliance Manager, and Director it was determined that CoreCivic considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. During the review of the staffing plan, the video monitoring system is also reviewed to ensure coverage enhances the ability to protect residents from sexual abuse. CCA Policy 14-2CC, states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The facility has requested additional funds for 30 additional cameras identified to address blind spots throughout the facility. The facility installed dome mirrors and limited movement in certain areas since the last audit to address some of those blind spots.

Facility Director Christina Russell discussed with the auditor facility modifications being planned in order to increase the number of female residents. She had a well thought out plan that would provide a safe environment.

Standard 115.221 Evidence protocol and forensic medical examinations

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Cheyenne Transitional Center will contact the Wyoming DOC and Cheyenne Police Department if it is determined that a criminal investigation is needed. The Police Department protocol will be followed during their investigation. The Wyoming DOC investigators who would respond to an allegation of sexual assault at the Cheyenne Transitional Center have received the PREA Investigator training.

Cheyenne Regional Medical Center has SANE available for forensic exams 24/7 with few exceptions which trained emergency room physicians provides the forensic exams. Per Cheyenne Regional Medical Center Forensic Nurse Coordinator, Cheyenne Regional Medical Center would follow up with the victim, provide prophylactic treatment for STD and provide advocacy and referral information. Per Cheyenne Regional Medical Center Forensic Nurse Coordinator, they follow guidelines of International Association of Forensic Nurses, CDC and DoJ guidelines.

Not Meet Finding:

115.221 (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

Finding: Based on interview with Wyoming Safehouse (not knowing if MOU is valid) Cheyenne Transitional Center does not have a current MOU with Wyoming Safehouse to provide the victim a victim advocate from a rape crisis center. MOU is old and has not been renewed since CCA took over the center and the center changed name to Cheyenne Transitional Center.

Corrective Action. Establish a new MOU. Provide a copy to the auditor and the auditor will conduct a phone interview with the Wyoming Safehouse.

April 3, 2018, the MOU was signed. The auditor reviewed the MOU, it included all requirements of the standards. The auditor interviewed the Wyoming Safehouse Executive Director. The auditor reviewed the fliers with information on services provided by the Wyoming Safehouse that was briefed to residents and posted throughout the facility. The auditor found the Cheyenne Transitional Center meet standard.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority. Any allegations of sexual misconduct are referred to Cheyenne Police Department and the Wyoming Department of Corrections. CCA Policy 14-2CC and the MOU with Cheyenne Police Department describe the responsibilities for each agency. The agency's policy regarding referral of allegations of sexual abuse and sexual harassment for criminal investigation are available on the CCA website.

The auditor reviewed the allegations of a sexual abuse and sexual harassment in the last 20 months at Cheyenne Transitional Center. There were two (2) resident-resident consensual sex/misconduct substantiated and two (2) resident-resident consensual sex/misconduct open. There were also two (2) staff-resident sexual abuse substantiated, two (2) staff-resident sexual abuse unsubstantiated, two (2) staff-resident sexual abuse open, and one (1) staff-resident sexual harassment unfounded.

Through a review of the investigative file and interviews of the Director, investigative staff, line staff, and residents; it was determined the Cheyenne Transitional Center ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Standard 115.231 Employee training

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 addresses PREA staff training requirements and PREA training is incorporated in the agency's overall training strategy. Cheyenne Transitional Center employees receive PREA training annually through scheduled training. The CoreCivic PREA training lesson plan was reviewed and verified the training covered: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents' right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Employees acknowledge they understood the training. Staff interviewed were well versed in the CoreCivic zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. Prior to the audit the auditor reviewed documents demonstrating one staff acknowledged he understood the training. During the audit, the auditor randomly selected additional 20 training records for review, all staff members had been trained and there was documentation the staff signed stating they understood the training received. Since the audit, the PREA Compliance Manager implemented monthly PREA training to maintain staff knowledge.

Based on review of related policy, observation during the audit, review of training lesson plans, slides and acknowledgement forms, and interviews with staff, Cheyenne Transitional Center meets the requirements of this standard.

Standard 115.232 Volunteer and contractor training

- ☒ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4, and the PREA training curriculum outline training requirements for volunteers and contractors who have contact with residents. Prior to the audit the PREA slides; and volunteer training record and memorandum stating he understood the PREA training provided. The agency maintains documentation confirming that volunteers and understand the training they have received. While on-site the auditor randomly reviewed additional volunteer training records. Currently contractors are escorted and have limited contact with residents. In the future they will be unescorted and training will be conducted. Volunteers are reminded of this policy upon arrival at the facility and sign that they understand the policy. Volunteers are instructed on the methods of reporting any incident. There are also signs explaining the reporting procedures and the responsibilities. The auditor upon arrival on site received the same training (which included a video) and signed a document stating he understood the training. The training was very good. Each day at the facility the auditor reviewed the reporting procedures and responsibilities and signed stating he understood the reporting procedures and responsibilities.

Standard 115.233 Resident education

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC requires that all residents receive PREA information upon arrival and PREA education as part of the orientation program. Cheyenne Transitional Center provides PREA education to all new residents of the Cheyenne Transitional Center during the initial intake process. The auditor requested training documents on 26 residents interviewed; review of documents provided demonstrated residents receive a PREA information on their arrival and education during orientation. A PREA video is shown on the first day.

Posters and resident handbooks are provided to residents or posted in the housing units in formats accessible to all residents to ensure that key information is continuously and readily available or visible to residents. Posters are constant reminder for residents on how they can report sexual assault or sexual harassment and are clearly visible throughout the facility.

Interviews of the residents demonstrated the resident had a good knowledge of PREA, specifically how to report.

Standard 115.234 Specialized training: Investigations

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 requires the center's investigator receives specialized training in addition to the general education provided to all employees. The auditor reviewed NIC investigator training for one Cheyenne Transitional Center and four Wyoming Department of Corrections investigators. Specialized training for investigators covered all requirements of the standard to 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. Cheyenne Transitional Center maintains documentation the investigator received both the general and investigative PREA training. Upon interview of the Investigator, he confirmed receiving this specialized training and was knowledgeable of his responsibilities in conducting sexual abuse investigations.

Based on review of related policy and investigations, observation during the audit, review of training lesson plans, slides and acknowledgement forms, and interviews with the investigator, Cheyenne Transitional Center meets the requirements of this standard.

Standard 115.235 Specialized training: Medical and mental health care

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All medical and mental health issues are referred out to the local hospital and private providers, none are provided on-site. CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4, outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. CoreCivic has developed a very comprehensive training for its medical and mental health practitioners.

Standard 115.241 Screening for risk of victimization and abusiveness

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4, clearly communicates the center's responsibilities regarding intake screening and follow-up assessments. Residents receive an initial screening within 72 hours and follow-on screen within 30 days for their risk of being sexually abused by other residents or sexually abusive toward other residents. An inmate's risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness.

The auditor had staff who conduct the screens perform the screen of the auditor to demonstrate the process of filling out the screening form. The auditor also observed the PREA screen being given to a new arriving resident. The process was done very professionally. Some information is provided through asking the resident questions, others through review of resident records.

The auditors reviewed assessments prior to and during the on-site audit. The auditor reviewed 26 randomly selected resident files and found 25 of 26 had an initial screen within 72 hours of arrival (one had an initial review within 96 hours); and 22 of 26 had a follow-on review within 30 days of arrival (four (4) had reviews within 31 and 37 days of arrival).

Cheyenne Transitional Center uses the Wyoming Department of Corrections PREA screen instrument. The screening instrument did not correctly address criteria to be used by the standard. The screen also requires the screener to make his/her own assessment of whether the resident is gender non-conforming. The auditor interviewed staff that conduct the screen and had them screen the auditor. Screeners do not assess if the resident is gender non-conforming, nor did they know the definition of gender non-conforming.

Cheyenne Transitional Center has proper controls on the dissemination of the intake information, within the facility to ensure that sensitive is not exploited to the resident's detriment by staff or other residents. Staff interviews confirmed appropriate controls have been

implemented to ensure that sensitive information is not released and exploited by staff or other residents. The screening instrument was restricted to staff making housing, work and program assignments. During resident interviews, all residents who arrived within the last year remembers receiving the initial screen upon arrival, some remember a second screen.

Not Meet Findings

115.241(d) The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; and (8) Whether the resident has previously experienced sexual victimization.

Finding: The screening form did not correctly assess (3) The physical build of the resident (male only); (4) Whether the resident has previously been incarcerated (if longer than 30 days); (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (did not make own assessment of gender non-conforming); (8) Whether the resident has previously experienced sexual victimization (only if occurred within the last ten years). Interviews of staff who conduct screens identified a majority did not know the definition of an offender who is gender nonconforming. Screening staff who must make their own assessment if the offender is gender nonconforming cannot properly make the assessment if they do not understand what gender nonconforming is.

Corrective Action Plan: Modify current PREA assessment form to meet the standard and provide to auditor for review; conduct training of staff and provide training documentation to the auditor for review; use the new form for 60 days and provide two examples per week to the auditor for review; and auditor interview staff.

During the initial report writing period the Wyoming Department of Corrections PREA Coordinator modified the form and the auditor verified the form met the standard. Cheyenne Transitional Center trained staff that conducts screens on the new form and making an assessment if the resident is gender non-conforming. The facility provided examples of resident screening for 60 days following the training. The auditor reviewed 20 initial screening forms and 20 follow-on screening forms from November – February and found they all met the standard. The auditor interviewed four staff that conducts PREA screens of residents, they were very knowledgeable on the procedures to conduct the PREA screens. The auditor found the Cheyenne Transitional Center meet standard.

Not Meet Findings

115.241 (e) The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

Finding: The screening form did not correctly assess prior convictions for violent offenses (only within the last ten years), and history of prior institutional violence or sexual abuse (only within the last ten years)

Corrective Action Plan: Modify current PREA assessment form to meet the standard and provide to auditor for review; conduct training of staff and provide training documentation to the auditor for review; use the new form for 60 days and provide two examples per week to the auditor for review; and auditor interview staff.

During the initial report writing period the Wyoming Department of Corrections PREA Coordinator modified the form and the auditor verified the form met the standard. Cheyenne Transitional Center trained staff that conducts screens on the new form. The facility provided examples of resident screening for 60 days following the training. The auditor reviewed 20 initial screening forms and 20 follow-on screening forms from November – February and found they all met the standard. The auditor interviewed four staff that conducts PREA screens of residents, they were very knowledgeable on the procedures to conduct the PREA screens. The auditor found the Cheyenne Transitional Center meet standard.

Standard 115.242 Use of screening information

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 outlines the use of the screening form to include: using the information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each resident. CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex resident to an institution for male or female residents, housing and programming assignments, based on the resident's health and safety, resident's own views with respect to his or her own safety, and whether the placement would present management or security problems; reviewing twice a year placement and programming assignments for each transgender or intersex resident to review any threats to safety experienced by the resident; allowing transgender and intersex residents the opportunity to shower separately from other residents; and not placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

Cheyenne Transitional Center makes a room assignment based on the information provided in the intake screening and assessment. In making the assignment, the Cheyenne Transitional Center will consider the resident's known victimization and known abusiveness. When the auditor toured the facility, he observed the many different room configurations which enable the Cheyenne Transitional Center to have choices in determining which room would provide the resident with safety. Residents with special needs can be provided a single occupancy room, if needed. Though they have the capability to keep those at high risk of victimization from those at high risk of abusiveness, the Wyoming form does not use at high risk for determination but rather use if resident had been previously victimized or abusive and in some cases within the last ten years.

Not Meet Findings

115.242 (a) The agency shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Finding: Wyoming Department of Corrections guidance and form says known victim and known abuser and not high risk of being sexually victimized from those at high risk of being sexually abusive.

Corrective Action Plan: Modify current PREA assessment form to meet the standard and provide to auditor for review; conduct training of staff and provide training documentation to the auditor for review; use the new form for 60 days and provide two examples per week to the auditor for review; and auditor interview staff.

During the initial report writing period the Wyoming Department of Corrections PREA Coordinator modified the form and the auditor verified the form met the standard. Cheyenne Transitional Center trained staff that conducts screens on the new form. The facility provided examples of resident screening for 60 days following the training. The auditor reviewed 20 initial screening forms and 20 follow-on screening forms from November – February and found they all met the standard. The auditor interviewed four staff that conducts PREA screens of residents, they were very knowledgeable on the procedures to conduct the PREA screens. The auditor interviewed staff and PREA Compliance Manager who used the screen to determine housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each resident. They are now separated by high risk of being sexually victimized from those at high risk of being sexually abusive and not those who had been sexually victimized from sexually abusive. The auditor found the Cheyenne Transitional Center meet standard.

Standard 115.251 Resident reporting

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 require facilities provide multiple internal and external ways for residents to report sexual abuse, sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment. Residents are informed of the multiple ways they can report allegations of sexual abuse or harassment through the resident handbook, posters and resident training. Residents are informed that they can inform staff in person or in writing, call Rape, Abuse, & Incest National Network (RAINN) or Wyoming Department of Corrections hotlines and write to CoreCivic and Wyoming Department of Corrections. Interviews of residents and staff verified the residents and staff knew of the multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Note residents can go to the Cheyenne Police Department approximately two blocks from the Cheyenne Transitional Center to report.

CoreCivic policies and staff fliers provide information on PREA to include ways for staff to privately report sexual abuse and sexual harassment of residents. During interviews, some of the staff knew they could privately report sexual abuse and harassment of residents to the CCA Ethics and Compliance hotline or submitted directly to the CoreCivic PREA Coordinator, Cheyenne Transitional Center Director or PREA Compliance Manager.

The agency's policy mandates that staff accept all reports of sexual assault and sexual harassment made verbally, in writing, anonymously and from third parties. Staff and resident interviews verified that they are aware that they can report verbally, in writing or through a report of a third party. Staff also verified that they have access to private reporting.

Standard 115.252 Exhaustion of administrative remedies

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 and Wyoming Department of Corrections 3.100 Inmate Communication and Grievance Procedure, Cheyenne Transitional Center grievance procedure is consistent with the requirements of this standard. The policy is that residents may file a grievance or may bypass the grievance system when there is an incident of sexual harassment or abuse. There is no time limit on sexual abuse complaints. The policy states that the complaint does not go to the staff member involved. The policy does outline the procedure and timelines for responding to the complaint. The policy permits accepting grievances from 3rd parties. The policy outlines all requirements as outlined in this standard. No offender will be disciplined for filing a grievance unless the grievance was filed in bad faith. They have received no PREA grievances in the last 12 months. Interviews of the Director, PREA Compliance Manager verified the grievance process.

Standard 115.253 Resident access to outside confidential support services

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 states residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; and the institution shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Not Meet Finding.

115.253 (a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

Finding: Based on interview with Safehouse Sexual Assault Services (not knowing if MOU is valid) Cheyenne Transitional Center does not provide residents with access to outside victim advocates for emotional support services related to sexual abuse

Corrective Action. Establish a new MOU. Provide a copy to the auditor and the auditor will conduct a phone interview with the providing agency.

Not Meet Finding.

115.253 (c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Finding: Based on interview with Wyoming Safehouse (not knowing if MOU is valid) Cheyenne Transitional Center does not have a current MOU with Wyoming Safehouse to provide residents with confidential emotional support services related to sexual abuse. MOU is old and has not been renewed since CCA took over the center and the center changed name to Cheyenne Transitional Center.

Corrective Action. Establish a new MOU. Provide a copy to the auditor and the auditor will conduct a phone interview with the Wyoming Safehouse.

April 3, 2018, the MOU was signed. The auditor reviewed the MOU, it included all requirements of the standards. The auditor interviewed the Wyoming Safehouse Executive Director. The auditor reviewed the fliers with information on services provided by the Wyoming Safehouse that was briefed to residents and posted throughout the facility. The auditor found the Cheyenne Transitional Center meet standard.

Standard 115.254 Third-party reporting

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA PREA and Wyoming Department of Corrections website outlines methods to receive third party reports of sexual abuse and sexual harassment. CCA has a PREA section on their web site, and the PREA section is easily accessible. On the PREA page there is a section PREA Audit Report

that specifically addresses how residents and others can report to include third party. It provides a phone number to the National Sexual Assault Hotline and CCA's Ethics and Compliance Helpline; along with information to write to the Director at the center. It states "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 successfully conduct the investigations." Cheyenne Transitional Center resident handbook lists third party to report PREA allegations, but the CoreCivic flier does not include 3rd party reporting. There were no third part reports of allegation in the last 12 months.

Based on website review, documentation review, and interview with PREA Compliance Manager, staff, and residents, Cheyenne Transitional Center meets requirements of this standard.

Standard 115.261 Staff and agency reporting duties

- ☒ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 requires that all staff are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Any retaliation or suspected retaliation against staff or residents must also be immediately reported. Health practitioners are required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Cheyenne Transitional Center reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the centers PREA Compliance Manager or investigator. Review of investigative files; and interviews of staff and residents verified staff immediately report to the centers PREA Compliance Manager or investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. There are no health practitioners on-site. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment to the investigator or their supervisor and staff are trained that the information a staff member pass on to superiors is confidential information and should be shared only with staff who have a designated "need to know." Interviews with residents and staff did not reveal any incident of sexual abuse or harassment not reported to the institution's designated investigator. In the past 12 months, there have been no reports of retaliation against staff or residents.

Review of investigations, and interviews with random staff and administrative personnel confirm that Cheyenne Transitional Center staff are not only very knowledgeable of all reporting requirements, but they do report all allegations and suspicions. Since there are not youthful offenders or vulnerable adults in this center, 115.261(d) is not applicable.

Standard 115.262 Agency protection duties

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 requires staff to take immediate action to protect any resident they learn is subject to substantial risk. Interviews with staff demonstrate they know the steps to take to protect a resident subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as separate the resident from where or whom at risks with; pass the information is passed to the Investigator, PREA Compliance Manager and Director.

During the random interviews with the security and non-security staff, all knew that if they were told a resident was in imminent danger of being sexually assaulted the priority would be to remove the resident from the immediate danger and notify the Supervisor on duty. Plans are made to ensure the resident is assigned to a room where he/she will not be at risk. Cheyenne Transitional Center has a specific room designated to put a resident at substantiated risks of imminent sexual abuse.

The Cheyenne Transitional Center Director, PREA Compliance Manager, and investigator confirmed there have been no incidents in the past 12 months, where it was necessary for the center to take any action regarding a resident being at substantial risk of sexual abuse.

Standard 115.263 Reporting to other confinement facilities

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 requires when an allegation that an resident was sexually abused while confined at another institution, the Director that received the allegation shall notify the Director where the alleged abuse occurred within 72 hours after receiving the allegation; that all sexual abuse allegations reported by another institution regarding any resident that was housed at the Cheyenne Transitional Center be fully investigated. Interview with the Director confirmed her knowledge of the policies and responsibilities to report any allegations and investigate any allegations that may have been reported at Cheyenne Transitional Center. The auditor reviewed one case where the acting Director notified by phone the facility where the allegation occurred. Recommend follow-up with email for better documentation of notification versus a case note in the resident file of the phone call. There have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at Cheyenne Transitional Center.

Standard 115.264 Staff first responder duties

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 outlines procedures to respond to an allegation of sexual abuse for both security and non-security staff. Random interviews with staff confirmed both security and non-security staff knew what to do upon learning a resident was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions residents should not take in order not to destroy physical evidence.

Protocols requires the first correctional officer to be made aware of an incident of sexual abuse to separate the victim and assailant and preserve and protect the crime scene until steps can be taken to collect any evidence and monitor victim and assailant to ensure physical evidence is not destroyed if the incident occurred within a time period that still allows for collection of physical evidence and take preliminary steps to protect the victim until sent to the hospital for a forensic exam and other medical treatment. If the first staff responder is not a correctional officer, the responder shall monitor the victim to ensure physical evidence is not destroyed and immediately notify a correctional officer.

A review of all incidents reported during the past 20 months indicate the protocols are followed in accordance with the policy and first responder training. All staff interviewed were very knowledgeable about their responsibilities. Based on document review, policy review, interviews with staff, supervisors, and director, Cheyenne Transitional Center meets requirements of this standard.

Standard 115.265 Coordinated response

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC serves as Cheyenne Transitional Center plan to coordinate actions taken in response to an incident of sexual abuse, amongst staff first responders, medical and mental health practitioners, investigators, and institution leadership. Interviews with staff (first responders, medical and mental health practitioners, investigators, and institution leadership), and review of the Sexual Abuse Incident Checklists, and investigative files confirmed staff were very knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities. Resident supervisors, security, and other non-security staff reported they have been trained on their specific duties and are also aware of the responsibilities of other parties. There is no medical or mental health staff on site.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Cheyenne Transitional Center has no collective bargaining agreement. Nothing limit CCA's or Cheyenne Transitional Center ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted up to and including termination. Based on investigative documents and interviews, alleged abusers whether staff or resident are separated from alleged victim during the investigation, and further if necessary.

Standard 115.267 Agency protection against retaliation

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 describe the steps to be taken to prevent retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations. It includes designating which staff members or departments are charged with monitoring retaliation; employing multiple protection measures; monitoring 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 conducting periodic status checks through interviews at least every 30 days. When interviewed, the Cheyenne Transitional Center Director stated that all employees and residents know that Cheyenne Transitional Center has a zero tolerance for retaliation in any form. Resident and staff interviews confirmed they knew retaliation is not tolerated.

Cheyenne Transitional Center has designated the PREA Compliance Manager as the staff member who conducts monitoring for retaliation. The PREA Compliance Manager monitors the resident's behavior, work assignments, and disciplinary write-ups, and conducts face to face interviews to document any issues or changes. The auditor reviewed the monitoring documentation for all the PREA allegations in the last 20 months.

Cheyenne Transitional Center reports zero retaliations have occurred.

Standard 115.271 Criminal and administrative agency investigations

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 establishes the procedures for conducting PREA criminal and administrative investigations. The policies meet all the requirements of the standard.

When an allegation is made, a preliminary investigation is initiated by the Cheyenne Transitional Center investigator. All investigations are referred to the Wyoming Department of Correction (administrative) or Cheyenne Police Department (criminal). Wyoming Department of Corrections could pass it back to the Cheyenne Transitional Center investigator. If it is believed that allegation is of a criminal nature, the Cheyenne Police Department is immediately notified and initiates a criminal investigation. Cheyenne Transitional Center has a MOU with Cheyenne Police Department to investigate criminal cases.

Cheyenne Transitional Center investigator received special training in sexual abuse investigations. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as resident or staff. Based on interviews and investigative documentation, investigators interview victims and witnesses; review camera, phone call monitoring, physical evidence, DNA evidence, and resident records. The departure of the alleged abuser or victim from the employment or control of CoreCivic does not provide a basis for terminating an investigation. Miranda warning will be administered prior to any statement of accused or suspect, and then only after a knowing, willing, and voluntary documented waiver. Statements taken for administrative cases employ Garrity Warning right, which warns the employee that failure to full disclose information that is related to an administrative investigation may result in disciplinary action up to and including dismissal. A resident who alleges sexual abuse shall not be required to submit to a polygraph examination as a condition for proceeding with the investigation. The credibility of an alleged victim, assailant, or witness shall be assessed on an individual basis and not on the status as an offender or staff member. Information regarding staff action or inaction that may have contributed to the alleged abuse are included in the investigative report. The Cheyenne Transitional Center Investigator, when interviewed, was well versed in his responsibility of handing administrative investigations as required by this standard.

The auditor reviewed the allegations of a sexual abuse and sexual harassment in the last 20 months at Cheyenne Transitional Center. There were two (2) resident-resident consensual sex/misconduct substantiated and two (2) resident-resident consensual sex/misconduct open. There were also two (2) staff-resident sexual abuse substantiated, two (2) staff-resident sexual abuse unsubstantiated, two (2) staff-resident sexual abuse open, and one (1) staff-resident sexual harassment unfounded. All investigations are timely, thorough, and documented in written reports.

Based on policy review, investigative files, interviews with Cheyenne Transitional Center investigators, PREA Compliance Manager, and Director, Cheyenne Transitional Center meets requirements of this standard.

Standard 115.272 Evidentiary standard for administrative investigations

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 and investigations; and interviews with the investigator and administrative staff confirm the Cheyenne Transitional Center has no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the investigator was asked what standard of evidence was used in determining if an allegation is substantiated, the agencies policy was recited confirming compliance with the standard. The investigations reviewed confirmed no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.273 Reporting to residents

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 requires facilities to inform the resident as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the resident as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the resident whenever the staff member is no longer posted within the resident's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the resident allegation is against an resident be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

In review of investigative packets for allegations of sexual abuse and sexual harassment, notifications (Form 14-2CC E) are being completed and presented to the residents informing them of the status of the case and alleged abuser, and final outcome of the investigation. If the resident has been released or transferred notifications are sent there.

Standard 115.276 Disciplinary sanctions for staff

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in CCA Policy 14-2CC requires staff to sign a Code of Conduct Acknowledgement form when first hired and annually. Any staff member who violates the Code of Conduct is subject to corrective action up to and including termination. Interviews with Cheyenne Transitional Center staff confirmed staff knew they are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies and that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Of the two substantiated staff cases, one resigned during the investigation and one was terminated from employment. One case was being investigated as criminal, the staff fled Wyoming.

Standard 115.277 Corrective action for contractors and volunteers

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per CCA Policy 14-2CC; and interviews with Cheyenne Transitional Center staff, contractors or volunteers are prohibited from engaging in sexual abuse, and those that do are prohibited to have contact with residents and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Director reported that have been no allegations of sexual abuse by contractors or volunteers during the audit cycle, which was verified through review of investigations.

Standard 115.278 Disciplinary sanctions for residents

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Review of CCA Policy 14-2CC, Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4, and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 10 Resident Procedures and Code of Conduct outlines the 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. Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories, and Cheyenne Transitional Center considers 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. In the past 20 months there have been no disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. There was no resident substantiated findings for sexual abuse. The facility prohibits sexual contact between residents. There were two cases of sexual contact between residents substantiated, residents were returned to prison. If the situation arises then counseling services will be offered through the Peak Wellness Center.

Standard 115.282 Access to emergency medical and mental health services

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4 identifies all the steps resident supervisors, non-security staff and other service providers must take at the Cheyenne Transitional Center, in an organized and collaborative way, to address an allegation of sexual abuse. Residents have unimpeded access to emergency medical treatment and crisis intervention services. Cheyenne Regional Medical Center has SANE available for forensic exams 24/7 with few exceptions which trained emergency room physicians provides the forensic exams. Per Cheyenne Regional Medical Center Forensic Nurse Coordinator, Cheyenne Regional Medical Center would provide resident victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Treatment services would be provided to the victim of a sexual assault without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Cheyenne Transitional Center provides medical and mental health care for sexual abuse victims and abusers through MOU and contracts with Cheyenne Regional Medical Center and Peak Wellness Center. Cheyenne Regional Medical Center would provide resident victims of sexual abuse follow-up services, treatment plans, timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, pregnancy tests and all lawful medically related options on pregnancy and provide advocacy and referral information. Treatment services would be provided to the victim of a sexual assault without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The care is provided in the community and thus is consistent with the community level of care. In the last 12 months no one was sent for medical or mental health care for sexual abuse victims and abusers.

Standard 115.286 Sexual abuse incident reviews

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form (14-2CC F) the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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 institution; whether physical barriers in the area may enable abuse; the adequacy of staffing

levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

All of the elements of the standard are covered in the Sexual Abuse or Assault Incident Review Form. The auditor reviewed all the Cheyenne Transitional Center investigations in the last 20 months and applicable Sexual Abuse or Assault Incident Review Forms, all documenting good reviews of the PREA incident. Cheyenne Transitional Center conducts the review within 30 days of the conclusion of the investigation with the proper team members. Recommendations from the review will be implemented or document reasons for not doing so.

Standard 115.287 Data collection

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC requires the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

CoreCivic collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument (Incident Reporting Tracking System). The policy requires information is entered in the Incident Reporting Tracking System on all allegations. The system allows the agency to prepare an annual PREA report, monitor trends, and take corrective action, and the institution submit the annual DOJ Survey of Sexual Violence (if requested). Review of previous DoJ Survey of Sexual Violence reports, annual agency PREA reports, and data submitted by the institution demonstrated the agency collects uniform data to be used by CoreCivic. CoreCivic does not contract its residents to other facilities (115.87 (e)).

Wyoming Department of Corrections receives the uniform data from Cheyenne Transitional Center to use in its annual report and data collection.

Standard 115.288 Data review for corrective action

- ☒ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCA Policy 14-2CC requires the agency to review all of the data collected from all its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse program and practices. Based on interviews of the PREA Coordinator and PREA

Compliance Manager and review of the CCA website, the agency reviews all the data collected from all its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse program and practices.

An annual report is published and posted on the CoreCivic website. The CoreCivic annual report was thorough, provided corrective measures taken and addressed the agency progress in addressing sexual abuse. Cheyenne Transitional Center provided CoreCivic 2016 annual report. Based on interviews with the PREA Compliance Manager, PREA Coordinator and review of the CoreCivic website, CoreCivic reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. This information is available to the public on the CCA website and can be accessed at <http://www.cca.com/security-operations/PREA>.

The website is very informative and one of the easiest to find PREA information of all agencies this auditor has audited. CoreCivic PREA page lists: general information on PREA; agency zero tolerance policy; how to report; information on investigations; and where questions and inquiries can be forwarded to (PREA Coordinator phone and mailing address). It also has a number of links to include: PREA standards; CoreCivic PREA policies; CoreCivic 2013, 2014, 2015 PREA Report; 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.

Standard 115.289 Data storage, publication, and destruction

- ☐ 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Review of CCA Policy 14-2CC and Wyoming Department of Corrections Adult Community Corrections Operational Standards and Procedures # 4, CoreCivic and Wyoming DOC websites, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All CoreCivic institution 2013, 2014, and 2015 data is in the annual report and posted on the website. CoreCivic maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the CoreCivic Retention Records Schedule. Before making aggregated sexual abuse data publicly available, CoreCivic removes all personal identifiers.

AUDITOR CERTIFICATION

I certify that:

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



David K. Haasenritter

July 10, 2018

Auditor Signature
PREA Audit Report

Date