

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

Interim Final

Date of Report May 9, 2019

Auditor Information

Name: K.E. Arnold

Email: kenarnold220@gmail.com

Company Name: KEA Correctional Consulting LLC

Mailing Address: P.O. Box 1872

City, State, Zip: Castle Rock, CO 80104

Telephone: 484-999-4167

Date of Facility Visit: September 10-13, 2018

Agency Information

Name of Agency:

CoreCivic

Governing Authority or Parent Agency (If Applicable):

NA

Physical Address: 10 Burton Hills Blvd.

City, State, Zip: Nashville, TN 37215

Mailing Address: Same as Above

City, State, Zip: Same as Above

Telephone: 1-800-624-2931

Is Agency accredited by any organization? Yes
 No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: FSC Mission Statement.pdf

Agency Website with PREA Information: <http://cca.com/security-operations/prea>

Agency Chief Executive Officer

Name: Damon Hininger

Title: President and Chief Executive Officer

Email: damon.hininger@corecivic.com		Telephone: 615-263-3301	
Agency-Wide PREA Coordinator			
Name: Eric Pierson		Title: Senior Director PREA Compliance	
Email: eric.pierson@corecivic.com		Telephone: 615-263-3916	
PREA Coordinator Reports to: Steve Conry, Vice President		Number of Compliance Managers who report to the PREA Coordinator Indirectly 55/Directly 0	
Facility Information			
Name of Facility: Crowley County Correctional Facility			
Physical Address: 6564 State Highway 96 Olney Springs, Colorado 81062			
Mailing Address (if different than above): Same as above			
Telephone Number: 719-267-3548			
The Facility Is:	<input type="checkbox"/> Military	X <input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	X <input checked="" type="checkbox"/> Prison	
Facility Mission: Crowley County Correctional Facility.pdf			
Facility Website with PREA Information: https://mycca.correctionscorp.com/facilities/crowley			
Warden/Superintendent			
Name: Barry Goodrich		Title: Warden	
Email: barry.goodrich@corecivic.com		Telephone: 719-267-5300	
Facility PREA Compliance Manager			
Name: Paul Pacheco		Title: Chief of Unit Management	
Email: paul.pacheco@corecivic.com		Telephone: 719-267-5305	
Facility Health Service Administrator			

Name: Judy Campbell		Title: Health Services Administrator	
Email: judy.campbell@corecivic.com		Telephone: 719-267-5313	
Facility Characteristics			
Designated Facility Capacity: 1794		Current Population of Facility: 1743	
Number of inmates admitted to facility during the past 12 months			2090
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1970
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			2090
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			201
Age Range of Population: Youthful 19-80	Youthful Inmates Under 18: NA	Adults: 19-80	
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			NA
Average length of stay or time under supervision:			402.56 days
Facility security level/inmate custody levels:			Medium/Level 3
Number of staff currently employed by the facility who may have contact with inmates:			245
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			114

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		NA
Physical Plant		
Number of Buildings: 12	Number of Single Cell Housing Units: 1 Pod	
Number of Multiple Occupancy Cell Housing Units:	6	
Number of Open Bay/Dorm Housing Units:	0	
Number of Segregation Cells (Administrative and Disciplinary):	52	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
Milestone video system; providing digital recording for up to 90 days		
Medical		
Type of Medical Facility:	24 hour staff medical care unit	
Forensic sexual assault medical exams are conducted at:	Parkview medical Center 400 west 16th street Pueblo CO 81003	
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	37	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1 Facility Investigator / 1 CDOC IG	

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Crowley County Correctional Facility (CCCF) was conducted September 10-13, 2018, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive, securely packaged, and mailed to the auditor's address via United States Postal Service.

The documentation review included, but was not limited to, agency and facility policies, staff training slides, completed forms regarding both staff and inmate training, MOUs, organizational chart(s), Core Civic (CC) and Colorado Department of Corrections (CDOC) PREA brochures, inmate education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), staff training certifications, and Victimization/Aggressor screenings. This review prompted several questions and informational needs that were addressed with the CCCF PREA Compliance Manager (CCCF PCM). The majority of informational needs were addressed pursuant to this process.

The auditor met with the Acting Warden and CCCF PCM (Chief of Unit Management, Chief of Security), Human Resources Manager (HRM), Health Services Administrator (HSA), Learning & Development Manager (LDM), Safety Manager, and both Unit Managers at 7:30AM on Monday, May 7, 2018. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 3:00PM, the auditor toured the entire facility with the Acting Warden and CCCF PCM in attendance.

It is noted the rated capacity of CCFC is 1794 inmates and the institutional count on September 10, 2018 was 1702 on-site and 41 out to Court.

During the on-site audit, the Auditor was provided a private office and conference room from which to review documents and facilitate confidential interviews with staff. Inmate interviews were facilitated in private offices located within each housing unit. The auditor randomly selected (from an inmate roster provided by the CCCF PCM) and interviewed 41 inmates on-site pursuant to the Random Inmate Interview Questionnaire. At least one inmate (representative of the total sample of inmate interviewees) was interviewed from each living pod throughout the facility.

According to the CCCF PCM, there was one inmate, confined in the facility at the time of the on-site audit, who reported a sexual abuse incident during the audit period. During the course of interviews, one inmate asserted he had been subjected to recent sexual abuse however, the fact pattern, as described, more accurately met the definition of sexual harassment. Nonetheless, the auditor interviewed the inmate pursuant to the inmate who reported a sexual abuse questionnaire. Similarly, the CCCF PCM advised there were no inmate(s) confined in the facility during the on-site audit who were housed in Segregation for high risk of sexual victimization or youthful inmates.

It is noted the 41 random inmate interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to inmates for reporting sexual abuse and sexual harassment. Overall, random interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random inmates advised they had received training by CCCF staff. Exceptions are noted in the narrative for 115.33.

Thirteen random staff selected by the auditor from a staff roster provided by the CCCF PCM, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including:

Agency Head
Warden or Designee
PREA Coordinator (1), CCCF PCM (1)
Designated Staff Charged with Monitoring Retaliation (1)
Incident Review Team (1)
Human Resources (1)
Investigator (1)
Intermediate or Higher Level Facility Staff (1)
Medical Staff (1)
Mental Health Staff (1)
SAFE/SANE Staff- (1)
Intake (1)
Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)
Security and Non-Security Staff Who Have Acted as First Responders (13)
Staff Who Supervise Inmates in Segregated Housing (1)
Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
Contractors Who Have Contact With Inmates (1)

The Contract Administrator interview was not conducted as CCCF does not employ staff in that capacity.

It is noted CC is the umbrella company for CCCF.

The following inmate interviews were facilitated in addition to the random inmate interviews. The interview sets are noted below:

Disabled and Limited English Proficient Inmates (5, inclusive of blind, low vision, physical, mental health, and Dyslexic) plus (1), Inmate Who Reported Sexual Victimization During Risk Screening (2), Transgender (3), and Gay (2).

The auditor reviewed 16 Staff Training records, 16 inmate files, 13 staff HR files, seven PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On September 10, 2018, the auditor was processed into the facility at the facility Front Entrance. Standard security processing was employed.

PREA Hotline notification numbers were painted on walls in each area, inclusive of the Visitation Room, throughout the facility. The information painted on the Visitation Room walls provides inmate visitors an opportunity to self educated regarding reporting options. Ethics Liaison posters (staff private reporting mechanism) were posted in Staff Assembly Area(s). PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units, pods, program areas, etc. It is also noted a reminder regarding opposite gender staff announcements is painted above the doorway in each pod.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of inmates, unit layout (inclusive of shower/toilet areas), placement of PREA posters and informational resources, security monitoring, and inmate programming.

There are four housing units, each with three to four pods (comprised of cells), two tiers in each. Additionally, there is one Restricted Housing Unit (RHU) with 52 beds (located in Unit 5). Unit 6 houses three pods. Units 5 and 6 were added to the facility in September and October, 2004, enlarging housing capacity. In terms of supervision, one Correctional Officer (CO) is assigned to a Control Center and two additional COs move between the three pods. The auditor notes these COs were visible in the pods. Additionally, staff advised the auditor that each cell is equipped with a duress system to report immediate needs.

Throughout the tour, the auditor observed numerous PREA posters in housing units, program areas, Food Service, staff offices/gathering places. Clearly, inmates have access to continual education regarding PREA processes. Additionally, PREA Audit Notices were generously posted throughout the facility.

The auditor noted ample camera surveillance in all areas, inclusive of most programs (no cameras in classrooms however, funding for the same has been requested) and operations areas. The Visitation Room and pods are well supervised with camera surveillance in addition to the previously mentioned staff supervision.

The auditor observed the Central Control Center (manned by one female CO at the time), particularly focusing on camera placements and the degree of inmate exposure in their cells and shower areas. The Central Control Center COs provided the auditor several different views of housing unit/pod/program/operational area cameras and he found no evidence of inmate exposure in violation of PREA standards and expectations. There are no cameras in housing unit inmate cells.

During the tour, the auditor did note some shower half walls in at least two units. While there is a curtain covering the shower opening, the occupant of the shower could be minimally visible from the upper tier. While genitalia observation would be negligible, if any, the auditor recommends installation of a PREA shower curtain at the entrance to these shower areas to remove any source of controversy. The PREA curtain is opaque in the middle and transparent at the bottom and in the head area, enabling security monitoring. Installation of such curtains throughout the General Population is highly recommended.

It is also noted cameras are mounted in key areas outside buildings and recreation areas. The auditor observed staff supervision of the recreation area(s) and the location of the same, thereby facilitating perpetual supervision whenever staff, of all disciplines, are on the compound. Two half-walled outside inmate toilet areas are also located on the recreation yards and the same are visible to recreation yard cameras. While not clear in terms of ability to observe genitalia, a curtain must be available to shield any observation. Since curtains were not in place during the tour, the auditor recommends installation of the same.

The auditor noted there is a camera in the Suicide Cell and the cell is visible pursuant to the Central Control Center monitor. The CCCF PCM had advised the auditor the toilet area is "shaded" on the monitor and accordingly, female staff assigned to the Central Control Center cannot observe genitalia. The auditor did confirm this condition.

Inmate cell doors have windows in the same for the purpose of observation. Staff offices likewise have windows in the door. Rest room doors are solid.

Subsequent to completion of the on-site audit, the auditor contacted the Director of the Arkansas Valley Resource Center (AVRC). CCCF maintains an MOU with AVRC for provision of Victim Advocacy and Crisis Intervention Services during and following a sexual abuse incident. According to the Director, she has received no reports of sexual abuse from CCCF inmates during the last 24 months.

Facility Characteristics

CCCF operates pursuant to contract with CDOC and accordingly, daily security/programmatic and PREA operations are focused on both CC and CDOC policies, procedures, and practices. Inmates, sentenced in State of Colorado Courts, are housed at CCCF.

The facility was built in 1997/1998 and was purchased by CC in January, 2003. As previously mentioned, CCCF is comprised of six double celled housing units, inclusive of a single celled RHU.

Programming opportunities are abundant as observed by the auditor. Educational (GED, ESL, ABE, Father Read Program, and Reintegration Skills), numerous recreational programs, and therapeutic programs (Spanish Substance Abuse, Group Therapy and Relapse Prevention, Spanish Anger Management, Spanish Twelve Step, AA, NA, Substance Abuse Education, White Bison, Celebrate Recovery, Steps to Freedom), numerous religious services programs, and vocational trade opportunities are available to the inmate population. Additionally, a trade program is available wherein inmates build trusses/house wall frames/ and window frames for Habitat for Humanity.

The CC Mission Statement reads as follows.

We help government better the public good through:

Core Civic Safety - We operate safe, secure facilities that provide high quality services and effective re-entry programs that enhance public safety.

Core Civic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society, and keep communities safe.

Core Civic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Summary of Audit Findings

The auditor finds CCCF to exceed standard expectations with respect to 115.31 and 115.88. An explanatory justification narrative is articulated below.

The auditor finds CCCF to be non-compliant with standards 115.17, 115.33, 115.34, 115.41, 115.61, and 115.63. An explanatory justification narrative for each standard is articulated below, along with corrective action strategies.

Number of Standards Exceeded: 2

As 115.31(c) requires refresher training every two years and CCCF provides the same on an annual basis as confirmed by the Warden's statement and the auditor's findings from file reviews and PAQ information, the auditor finds CCCF to exceed standard requirements with respect to 115.31.

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period. Monthly, a report of PREA related incidents details frequency, location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, Corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review find-

ings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates at CC facilities. The auditor finds CCCF exceeds 115.88(a) in view of the above.

Number of Standards Met: 41

Number of Standards Not Met: 0

In regard to 115.17, the auditor has been unable to further validate compliance with 115.17(a), (b), (d), and (e) as additional random records related to contractors, compared to these provisions, have not been provided to the auditor. Accordingly, the auditor finds CCCF to be non-compliant with 115.17(a), (b), (d), and (e).

February 18, 2019 Update:

The auditor's review of 14 randomly selected criminal record background checks associated with 14 current contractors reveals checks were conducted in 13 of the 14 cases. Criminal record background checks were conducted in a timely manner (prior to date of hire) and none of the checks revealed issues related to the three questions articulated in 115.17(a).

In addition to the above, 12 of the 14 randomly selected contractor files reveal timely completion of Self Declarations of Sexual Abuse/Harassment forms (14-2H) revealing no incidence of issues related to the afore-mentioned three questions, as well as, sexual harassment. The auditor's review of the forms validate the same.

In view of the above, the auditor is confident the practices articulated in 115.17(a), (b), (d), and (e) are institutionalized and accordingly, the findings are closed. The auditor finds CCCF substantially compliant with 115.17(a), (b), (d), and (e).

In regard to 115.33(a), the auditor's review of 16 random inmate files reveals insufficient evidence to validate compliance with 115.33(a). Many of these files pertained to inmates who were randomly interviewed. Specifically, 14 of the 16 files were absent documentation substantiating receipt of requisite information at Intake. With respect to one file, the inmate arrived at CCCF in 2013 and accordingly, that file is not applicable. The last file reflects compliance with the provision.

In view of the above, the auditor finds CCCF to be non-compliant with 115.33(a).

May 2, 2019 Update:

The auditor's review of 23 randomly selected inmate files relative to inmates received at CCCF since completion of the on-site review reveals timely provision of requisite PREA Intake materials in 13 cases. While this is not ideal, the auditor finds CCCF substantially compliant with 115.33(a). Accordingly, the auditor is closing this finding.

The auditor strongly recommends the PCM employ a random audit schedule wherein initial PREA education is closely monitored. As previously referenced, timely presentation of requisite PREA information can be critical to inmate sexual safety. Effective monitoring will ensure minimization of breakdowns in the PREA cycle.

The auditor finds CCCF substantially compliant with 115.33(a).

Pursuant to conversation with the investigative interviewee, the auditor has learned the current Investigator has assumed the position since January, 2018. There is no evidence his predecessor had properly completed the requisite specialty training. Accordingly, the auditor finds CCCF to be non-compliant with 115.34(a) as compliance has not been maintained throughout the audit period from the date of the last audit.

The auditor finds CCCF completed corrective action in terms of the current investigator. Accordingly, the auditor is closing this finding and finds CCCF substantially compliant with 115.34(a).

In regard to 115.41(b), the auditor's review of 16 randomly selected inmate files, many pertaining to inmates randomly interviewed as described above, reveals ten Initial PREA Screenings were completed outside the 72-hour time frame prescribed by policy. In some cases, the screening was conducted within one week to a month following Intake. In view of the above, the auditor finds CCCF to be non-compliant with 115.41(b).

May 9, 2019 Update

The PCM asserts he facilitated some training with the unit managers and he monitors completion of initial assessments on a daily basis. He asserts he has noted improvement in terms of quality and timeliness.

The auditor's review of random inmate files for inmates committed to CCF between December 3, 2018 and April 8, 2019 reveals substantial compliance with 115.41(b) and CC and CDOC policy. All Initial PREA Screenings were completed within 72 hours of arrival at CCCF.

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

In regard to 115.61(a), the auditor's review of an alleged sexual abuse investigation reveals a delay in reporting the alleged abuse to supervisory staff. The incident was brought to staff's attention by a non-security staff member who reported the alleged incident to another non-security staff member. While the date of the alleged sexual abuse is unknown, the same was allegedly discovered on the day prior to reporting it to the appropriate officials by e-mail. Accordingly, a period of approximately 12 hours elapsed prior to proper reporting and follow-up.

Of note, the allegation was determined to be Unfounded by the CDOC OIG Investigator assigned to CCCF. However, given the timeline, the auditor finds CCCF to be non-compliant with 115.61(a). Specifically, the incident was not immediately reported as articulated by the Warden. Furthermore, the incident was not reported to the Shift Commander.

February 13, 2019 Update:

The auditor has been provided a lesson plan and Training Activity Enrollment/Attendance Rosters dated September 25 and 26, 2018 reflecting completion of Immediate Shift Commander Sexual Abuse/Harassment Reporting by 240 staff who have contact with inmates. All attendees printed their names and affixed their signature to these documents. The training was conducted during Staff Recalls.

April 22, 2019 Update:

The auditor's review of nine sexual abuse/harassment investigations initiated since September 15, 2018 reveals all allegations were referred to the shift commander in a timely manner. The shift commander was active in the investigation in each case. Based on the fact patterns of these investigations, it appears five of the allegations were sexual assaults, in nature.

In view of the above, the auditor is satisfied the practice of reporting to the shift commander immediately is satisfied. Accordingly, the auditor finds CCCF substantially compliant with 115.61(a).

In regard to 115.63(a), the auditor's review of one e-mail reveals notification to the Warden at a County Jail regarding an alleged sexual abuse incident which occurred at that facility during December, 2017. The E-mail is absent information regarding date and to whom the e-mail was forwarded.

While the auditor's review of the afore-mentioned e-mail reveals that relevant information commensurate with 115.63(a) may have been forwarded to the Warden at the County Jail, there is no date on the same wherein compliance with 115.63(b) can be established. It appears the e-mail was copied into another e-mail.

In addition to the above, the auditor reviewed an Incident Report wherein another inmate articulated he was raped during a two-day period at another Colorado County Jail. The auditor has not been provided any evidence substantiating notification of the Warden at the County Jail regarding this incident that allegedly occurred during October, 2017.

Finally, the Acting Warden advised the auditor of another incident wherein an inmate was allegedly sexually abused by staff at a another County Jail during October, 2017. It is noted the CDOC OIG Investigator made contact with the Sheriff at that facility approximately six days later, despite repeated attempts to contact the Sheriff on the date of notification. This notification was documented by the CDOC OIG Investigator however, it is noted he is not a CC employee and therefore, the auditor finds such notification does not meet the intent of 115.63(a).

In view of the above, the auditor finds CCCF to be non-compliant with 115.63(a), (b) and (c).

April 22, 2019 Update:

The auditor's review of one requisite notification e-mail to a Warden at a sister facility dated March 14, 2019 clearly reveals compliance with 115.63(a), (b), and (c). Specifically, the sexual abuse incident that allegedly occurred at the other facility, was reported to CCCF staff on March 13, 2019. The e-mail was forwarded to the Warden at the other facility by the CCCF Warden.

In view of the above, the auditor finds CCCF substantially compliant with 115.63(a), (b), and (c).

Summary of Corrective Action (if any)

In view of the findings regarding 115.17 (a, b, d, and e) above, the auditor is imposing a 180-day corrective action period to address contractors and assessing the three questions articulated at 115.17(a), sexual harassment as articulated at 115.17(b) (all addressed in the Form 14-2H), and criminal background record checks [addressing 115.17(d) and (e)]. To ensure institutionalization, the CCCF PCM will forward to the auditor a list of current contractors, inclusive of the date of selection, from which the auditor will select a random representative sample. The CCCF PCM will supply the auditor with the hiring 14-2H, as well as the application (each selected contractor) and criminal background record check. The auditor will ensure a random sample of contractor(s) are selected who have been at CCCF in excess of five years, if applicable. For those contractors, the CCCF PCM will also forward a copy of the five-year criminal background record check for affected contractor(s).

Dependent upon the auditor's findings, if necessary, the CCCF PCM will train the HRM regarding the standard requirements applicable to these provisions. He will provide the auditor a copy of the training outline for inclusion in the audit record. Additionally, upon completion of the training, he will provide the auditor a copy of the Training Acknowledgment Forms bearing the contractor's signature and receipt of training/understanding of training. For the next two months minimally, the CCCF PCM will provide the auditor a copy of all new contractor applications, Form(s) 14-2H, criminal record background checks and five-year re-investigations, if applicable.

Corrective action must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019. The auditor's review of the documentation will dictate closure of this provision.

In view of the finding as articulated in 115.33(a), CCCF is not compliant with 115.33(a). Specifically, the documentary evidence to substantiate compliance is generally absent from the files. Absent timely provision of requisite PREA information, inmates are not sufficiently educated regarding sexual abuse/sexual harassment reporting procedures and zero tolerance prior to assignment to a housing unit.

Monitoring of inmate arrival rosters compared to the timeliness of completion of Intake education and Orientation education (audits of inmate files and associated documents to determine timeliness by completed documentation) will be essential to corrective action. Addressing findings on a perpetual basis will be critical.

Corrective action must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019. CCCF staff will submit a monthly list of new commitments (commencing on September 17, 2018) and the auditor will select random names from the same. Requisite documentation will be forwarded to the auditor, verifying the inmate's date of arrival at CCCF and the date of provision of initial PREA education. The documentation submitted to the auditor will bear the inmate's signature and date on each document.

The auditor will review progress during this targeted 90-day period and if closure is appropriate after the 90-day period, he will effect the same.

In regard to corrective action for 115.41(b), the same must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019.

To ensure the auditor is reasonably assured this deficiency has been corrected, CCCF staff will provide a monthly inmate roster of inmates admitted since September 17, 2018. The auditor will randomly select inmates and CCCF staff will forward the initial PREA screening for each inmate, to the auditor for review.

The auditor will review progress during the target 90-day period and if closure is warranted after the 90-day period, he will effect the same.

In regard to the above finding noted for 115.61(a), the auditor is assigning a 180-day corrective action period. Accordingly, corrective action must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019.

To ensure the auditor is reasonably assured this deficiency has been corrected, the CCCF PCM will provide training to all staff regarding sexual abuse/sexual harassment allegation reporting procedures as articulated in CC and CDOC policy. Immediate reporting to the Shift Commander will be accentuated. The CCCF PCM will provide the auditor a copy of the training outline for inclusion in the audit file.

In addition to the above, the CCCF PCM will provide a copy of each sexual abuse/sexual harassment investigation to the auditor for review and determination regarding compliance with 115.61(a). Provision of investigations will commence with investigations completed subsequent to September 13, 2018. Once the auditor is convinced the proper reporting procedure is institutionalized, he may close the finding.

The auditor will review progress during the target 90-day period and if closure is warranted after the 90-day period, he will effect the same.

In view of the above narrative regarding 115.63(a-c), corrective action must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019.

To ensure the auditor is reasonably assured this deficiency has been corrected, the CCCF PCM will provide the auditor with copies of all such notifications as required by 115.63(b), throughout the 180-day correc-

tive action period. Such notifications will include the written and dated notification to the Warden at the affected facility, any Incident Report(s) or investigations conducted at CCCF in conjunction with the report, and/or any staff memorandums or reports regarding such incidents. The auditor will retain these documents in the audit file.

The auditor will review progress during the target 90-day period and if closure is warranted after the 90-day period, he will effect the same.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines procedural implementation of the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, is included in this policy.

The Zero Tolerance policy is clearly articulated in Core Civic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 1-33 and Colorado Department of Corrections (CDOC) Regulation Number (Reg. No.) 100-40 entitled Prison Rape Elimination Procedure (PREP), pages 1-29. Additionally, all other requirements articulated in this provision are likewise addressed throughout the previously referenced policies and pages. The afore-mentioned CC policy is comprehensive, incorporating both standards and implementation verbiage.

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the Core Civic Organizational Chart, the CCPC reports to the Vice President, Operations Administration.

Pursuant to interview with the CCPC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), numbering in excess of sixty.

As Senior Director, he oversees the Director who facilitates reviews of all PREA investigations. The Director tracks any follow-up regarding reviewed PREA investigations. The Director is now working on an enhanced PREA training program for implementation at the facilities.

The CCPC's primary focus is audit preparation. Specifically, he reviews each Pre-Audit Questionnaire (PAQ) for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. The CC Quality Assurance Department (QA) currently facilitates mock audits of each facility. The CCPC reviews each mock audit report and coordinates corrective action with Wardens and facility PREA Compliance Managers (PCMs). He posts common audit deficiencies on a shared website so stakeholders can assume a proactive approach, as opposed to, reactive in terms of PREA-related matters. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Finally, the CCPC reviews each facility PREA Staffing Plan and signs the same. Assistance with relevant MOU development is also a primary responsibility, with approval being conferred by the CC Legal Department.

Pursuant to the PAQ, the Warden self reports there is a designated PCM at CCCF. According to the Warden, he does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The auditor's review of a memorandum authored by the Warden reflects the Chief of Unit Management is designated as the PCM at CCCF. According to the CCCF Organizational Chart, the Chief of Unit Management/PCM reports directly to the Warden (CEO).

According to the CCCF PCM interviewee, he does have sufficient time to facilitate PREA duties at CCCF. Specifically, his normal job responsibilities compliment and overlap with PREA. He is the focal point for receipt of PREA related information.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.11.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, CCCF is a private facility, under contract with no other jurisdictions to house those inmates designated to its care, custody, and control. CC, the parent company, contracts with CDOC, housing CDOC inmates.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.12.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally

accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? X Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? X Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? X Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? X Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? X Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? X Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? X Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? X Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The Director self reports since the last PREA audit, the average daily number of inmates is 1514. The staffing plan is predicated upon an average daily number of inmates of 1710.

CDOC Regulation Number (Reg. No.) 100-40 entitled PREP, page 27, section 1 addresses 115.13(a) and CC Policy AR CDOC 0100-40, entitled PREP, page 1, section II(1), (2)(a-k), and (3) augments the afore-referenced CDOC policy, addressing 115.213(a).

The auditor's review of a current Staffing Plan and an Annual PREA Staffing Plan Assessment dated October 11, 2017 reveals all requisite criteria are addressed in the Annual PREA Staffing Plan Assessment and the same is reviewed and approved by the CCFC PCM, Warden, CCPC, and Vice President Facility Operations. The auditor finds the Annual Staffing Plan and Assessment to be compliant with 115.13(a).

The Acting Warden interviewee asserts CCCF has a staffing plan and staffing levels are sufficient to protect inmates against sexual abuse. The plan is reviewed annually to assess various factors and changes in population, mission, current staffing matters, etc. Video monitoring is a consideration with respect to the staffing a continuing attempt to assess coverage of "blind spots". The plan is documented in electronic format and is retained by the Warden PCM, and QA Manager.

The Warden interviewee asserts when assessing adequate staffing levels and the need for video monitoring, the following factors are considered:

To ensure adequate staffing, the question of logical and effective supervision arises. a. Do we need to add staffing to effectively monitor inmates and minimize nefarious activity? What are Best Practices with respect to facility management of institutions of similar size and mission?;

b. No judicial findings of inadequacy;

c. No findings of inadequacy from federal investigative agencies;

d. Other than annual CC audits/inspections and CDOC audit findings, there are no findings from internal or external oversight bodies. Corrective action plans are implemented to address any findings and training/additional supervisory/management oversight is routinely employed;

e. Blind spots are closely evaluated to determine if additional staffing resources need to be deployed to offset weaknesses and/or video surveillance needs for the same purpose. Lighting issues and an assessment of the impact of mirrors on the weakness are also considered. The totality of the institution is considered, ensuring staff and inmate movement throughout the facility from entry to departure can be tracked/monitored;

f. Staffing is highly contingent upon customer needs and the inmate population designated to CCCF. Classification of offenders, racial balance, Security Threat Group (SGT) balance, and evaluation of LGBTI population are all considerations in the plan analysis;

g. The totality of the facility physical plant and programming are considered with respect to placement of supervisory staff. A key consideration is whether the supervisory complement is sufficient to monitor and manage staffing;

h. In terms of programming considerations, adjustment of staffing may be necessary during certain times of the day to ensure effective management. Where are the programs located? What does participation look like? Is there an assembly of STGs or other inmate groups in one programming opportunity, etc.?

i. If a mandatory program is required by the customer based on new Statute, etc., staffing may require adjustment. Accordingly, dependent upon the location of the program, additional camera surveillance may be required. The same analysis applies to new statutory or regulatory mandates that may require additional analysis of staffing;

j. Pursuant to Sexual Abuse Response Team (SART) reviews, sexual abuse/harassment issues are always scrutinized. An increase in incidents in a particular area must always be assessed for staffing/camera surveillance needs.

k. There are no other relevant factors at this time.

In regard to daily monitoring of the staffing plan, the same occurs through audits by the Chief of Security. A live roster review is facilitated on a weekly basis. Management By Walking Around (MBWA) by management and supervisory staff, as well as Duty Officers, allows for observation of staffing, mood of inmate population, etc.

The CCCF PCM interviewee asserts when assessing adequate staffing levels and the need for video monitoring, the following factors are considered:

To ensure adequate staffing, the question of logical and effective supervision arises.

a. Daily management/supervisory staff rounds provide an analysis of staffing and whether the same represents "Best Practices". the daily question is, "Are all relevant areas covered to offset issues and potential problem areas by staff visibility?;

b. No judicial findings of inadequacy;

c. No findings of inadequacy from federal investigative agencies;

d. Other than annual CC audits/inspections and CDOC audit findings, there are no findings from internal or external oversight bodies. Corrective action plans are implemented to address any findings and training/additional supervisory/management oversight is routinely employed. CDOC Monitors audit staffing on a weekly basis. The Chief of Security monitors security staff rosters on a daily basis;

e. The physical plant is observed and evaluated weekly pursuant to rounds. If additional staffing is required to address deficiencies, a request is routed through Corporate to the customer. Blind spots, in par-

- particular, are closely evaluated to determine if additional staffing resources need to be deployed to offset weaknesses and/or video surveillance needs for the same purpose;
- f. Staffing is highly contingent upon customer needs and the inmate population designated to CCCF. Classification of offenders, racial balance, Security Threat Group (SGT) balance, and evaluation of LGBTI population are all considerations in the plan analysis;
 - g. The span of control for supervisors is closely monitored, relevant to each shift. For example, unit managers provide some supervision during shifts. Is the remaining security supervisory complement sufficient to address supervision needs on shifts? Are supervisors strategically placed for maximum effect?;
 - h. In terms of programming considerations, adjustment of staffing may be necessary during certain times of the day to ensure effective management. Where are the programs located? What does participation look like? Is there an assembly of STGs or other inmate groups in one programming opportunity, etc.?
 - i. If a mandatory program is required by the customer based on new Statute, etc., staffing may require adjustment. Accordingly, dependent upon the location of the program, additional camera surveillance may be required. The same analysis applies to new statutory or regulatory mandates that may require additional analysis of staffing;
 - j. Pursuant to Sexual Abuse Response Team (SART) reviews, sexual abuse/harassment issues are always scrutinized. An increase in incidents in a particular area must always be assessed for staffing/camera surveillance needs.
 - k. There are no other relevant factors at this time.

Pursuant to the PAQ, the Warden self reports the facility does justify all deviations from the staffing plan each time there is non-compliance. Follow-up with respect to this provision has revealed there were no instances of deviation from the staffing plan during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section 14-2.3(D)(4) addresses the procedure for documentation of non-compliance with the PREA Staffing Plan. The CCCF Chief of Security is responsible for identification of non-compliance and he/she reports the same to the CCCF PCM. He, in turn, reports the specifics of the deviation, inclusive of any corrective action, to the CCPC within seven calendar days of the date of the deviation.

This procedure is also addressed in CC Policy AR 0100-40, CDOC entitled PREP, page 2, section II(1)(4)(a and b).

The Acting Warden interviewee asserts the facility documents all instances of non-compliance with the staffing plan and the documentation includes an explanation of the basis for non-compliance. The same is accomplished pursuant to submission of an Incident Report to Corporate and the CCPC.

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

CDOC Regulation Number (Reg. No.) 100-40 entitled PREP, page 27, section 1 addresses 115.13(c) and CC Policy AR CDOC 0100-40, entitled PREP, page 2, section III(1), and (2)(a-c) address the afore-referenced CDOC Reg. No. , addressing 115.213(c).

The auditor's review of the September 9, 2016 and October 11, 2017 CCCF Annual Staffing Plan Assessments reveal substantial compliance with 115.13(a) and (c).

Pursuant to the CCPC, he is consulted regarding any assessments of, or adjustments to, the staffing plan for CCF. Specifically, he is a reviewer and co-signer for the CCF Annual Staffing Plan pursuant to policy.

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

CDOC Regulation Number (Reg. No.) 100-40 entitled PREP, page 27, section 2 addresses 115.13(d). The auditor's review of five CCCF Supervisory Unannounced PREA Rounds documents reveals substantial compliance with 115.13(d). Areas toured are as follows:

Unit 5 Control & Segregation- May 13-19, 2018
Unit 2- March 4-10, 2018
Food Service- February 11-17, 2018
Education/Programs- January 21-27, 2018
Intake- December 3-9, 2017

Based on this document review, Unannounced PREA rounds were made in this unit on a daily basis throughout the week.

The intermediate or higher level facility staff who facilitate unannounced PREA rounds interviewee asserts he has conducted unannounced PREA rounds and has documented the same on a specific Unannounced PREA Rounds sign-in sheet. To ensure staff are not alerting other staff regarding the unannounced rounds, he never follows the same path or practice. This intentional act of unpredictable supervision is intended to inhibit and deter notification as previously described. If he catches such notification, he immediately addresses the same verbally with affected staff.

During the auditor's facility tour, random document reviews as previously described, reveal compliance with 115.13(d).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.13

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Youthful inmates are not housed at CCCF. The Warden confirmed the same during the on-site audit.

While 115.14(a-c) are deemed to be not applicable to CCCF, the auditor finds CCCF to be substantially compliant with 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? X Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? X Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? X Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the cross-gender strip or cross-gender visual body cavity searches of inmates are not conducted at CCCF. Accordingly, no cross-gender strip or cross-gender body cavity searches of inmates were conducted at CCCF during the audit period.

CDOC Reg. No. 300-06 entitled Searches and Control, page 5, section E addresses 115.15(a).

As cross strip or visual searches are not conducted at CCCF, the non-medical staff (who may be involved in cross-gender strip or visual searches, solely by gender and title) interviewee was unaware of the urgent circumstances required for such searches.

The auditor's review of six CCCF Strip Search Logs dated 2017 and 2018 reveals no cross-gender strip or cross-gender visual body cavity searches of inmates were conducted at CCCF during those periods of time. Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Pursuant to the auditor's review of the CC website and

other sources of documentation, only male inmates are housed at CCCF. The auditor's observation confirmed the same.

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

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender searches and cross-gender visual body cavity searches is documented. As female inmates are not housed at CCCF, policy provisions regarding cross-gender pat searches of female inmates are not applicable.

CDOC Reg. No. 300-06 entitled Searches and Control, pages 4, 5, and 6, sections D(b), E(1), and k(1) respectively, address 115.15(c).

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at CCCF that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Warden further self reports policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

CDOC Reg. No. 100-40 entitled PREP, page 5, section 5 addresses 115.15(d).

Thirty-four of 41 random resident interviewees advise female staff announce their presence when entering the housing unit. Three of these inmates advise the announcement occurs most of the time or if a female staff member forgets, another staff member will announce for them. Forty of the 41 random inmate interviewees advise they are never naked or in full view of female staff while showering, toileting, or changing clothes.

All 13 random staff interviewees advise female staff announce their presence when entering a housing unit wherein inmates of the opposite sex are housed. Furthermore, all random staff interviewees advise inmates are able to dress, shower, and toilet without being viewed by female staff.

All three transgender inmate interviewees advise they have no reason to believe they were strip-searched for the sole purpose of determining genitalia.

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

The auditor's review of the CC Search Procedures Facilitator Guide/slides, as well as, the CDOC Universal Pat Searches and Training on the Transgender or Intersex Offender reveals substantial compliance with 115.15(f). Additionally, the auditor's review of Training Activity Enrollment/Attendance Roster dated November 6, 2017 and May 10, 2018 (Pre-Service) reveals 22 staff participated in the CDOC PREA/Universal Pat Searches class. Additionally, the auditor's review of an In-Service roster reveals 12 staff participants in the same class.

All 13 random staff interviewees advise they received universal pat search training which addresses the subject-matter of 115.15(f). Some interviewees advise the last time they received this training during 2017. The auditor's review of 16 random staff training files reveals compliance with 115.15(f). It is noted 2018 In-Service training has not been completed as of the on-site audit.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.15.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? X Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? X Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? X Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? X Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? X Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? X Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? X Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? X Yes No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? X Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

CDOC Reg. No. 100-40 entitled PREP, page 6, section 8 addresses 115.16(a). Additionally, CDOC Reg. No. 100-19 entitled Communication with Offenders, page 4, section f addresses 115.16(a). This policy stipulates sign language interpretation is required for PREA related communication, including but not limited to, investigations, victims rights/advocacy, and services.

The auditor's review of an Intergovernmental Contract between CDOC and CCCF reveals P3 mental health cases may be housed at CCCF. By definition, these are moderate mental health cases with symptoms that are well controlled and require mental health referral and monitoring.

Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf inmates who can similarly converse with other individuals similarly situated.

The auditor's review of a Purchase Order between CDOC and Access 2 Sign Language reveals a procedure is in place to provide interpretative services for deaf inmates in accordance with the above CDOC policy.

According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, Language Line is used, when necessary, to communicate with LEP in-

mates. Generally speaking, staff translators can also be used. TTY units are available in every facility and Braille is available in some facilities.

All of the six disabled/Limited English Proficient (LEP) resident interviewees, assert the facility provides information about sexual abuse and sexual harassment that they are able to understand. Disabilities were as follows: one Dyslexic; one physical disability; one LEP; one mental health; one low vision; and one legally blind resident.

Educational posters were noted to be posted in areas easily accessible and observable to the inmate population.

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

CDOC Reg. No. 100-19 entitled Communication with Offenders, page 3, section E(3) addresses 115.16(b). Additionally, CDOC Reg. No. 850-07 entitled Offender Reception and Orientation, page 4, section 5 addresses 115.16(b).

The auditor reviewed the contract between CC and Language Line Interpreter Services for provision of services to non-English speaking inmates. Services for 250-plus languages are provided pursuant to this service.

The auditor's review of one Crowley County Offender Orientation Verification Form dated May 15, 2018 reveals the inmate received PREA information in Spanish.

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

Reportedly, there were 127 instances, within the past 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. However, the auditor's follow-up with the CCCF PCM reveals there were no instances, during the last 12 months, wherein inmate interpreters, readers or other types of inmate assistants have been used pursuant to the afore-mentioned circumstances. Rather, 127 inmates required interpretation/translation services during Orientation.

CDOC Reg. No. 100-40 entitled PREP, page 24, section f also addresses 115.16(c).

Three of the 13 random staff interviewees assert the agency would allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are LEP when making an allegation of sexual abuse or sexual harassment under certain circumstances. These interviewees were able to cite one instance wherein this practice would be allowable. Additionally, all 13 random staff interviewees advise, to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to allegations of sexual abuse or sexual harassment.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? X Yes No

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? X Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? X Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X Yes No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

Has engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution;

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

Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.

Implementation/Adjustments CDOC Reg. No. 100-40 entitled PREA, Attachment A, page 1, section I(1)(a-c) addresses 115.17(a). CDOC Reg. No. 1150-14 entitled Background Investigations, pages 3 and 4, section E(1)(a-c) also addresses 115.17(a).

The auditor's review of Self Declarations of Sexual Abuse/Sexual Harassment forms (14-2H) for one employee, one contractor (completed within the last 12 months), and one applicant reveals compliance with this provision to the extent the three questions are specifically asked, and staff and contractors affirmatively respond, in writing, to complete the form.

The auditor's review of eight Human Resources (HR) files relative to staff hired within the last 18 months reveals compliance with 115.17(a) in seven cases. Both the Criminal Background Checks and 14-2H documents were completed prior to hiring.

Of the random staff HR file reviews, the auditor notes one individual was promoted on two occasions within the last 18 months. The 14-2H form was completed in conjunction with the promotion on each occasion. A Criminal Background Investigation was also completed in a timely manner prior to effectuation of the promotions.

The HR interviewee asserts the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. This applies to contractors who may have contact with inmates, as well. A Questionnaire is forwarded to all previous institutional employers wherein various PREA related questions are addressed. CDOC facilitates criminal record background checks (encompasses NCIC and CBI checks).

The auditor has been unable to further validate compliance with 115.17(a), (b), (d), and (e) as additional random records related to contractors, compared to these provisions, have not been provided to the auditor. Accordingly, the auditor finds CCCF to be non-compliant with 115.17(a), (b), (d), and (e).

In view of the above, the auditor is imposing a 180-day corrective action period to address contractors and assessing the three questions articulated at 115.17(a), sexual harassment as articulated at 115.17(b) (all addressed in the Form 14-2H), and criminal background record checks (addressing 115.17(d) and (e)). To ensure institutionalization, the CCCF PCM will forward to the auditor a list of current contractors, inclusive of the date of selection, from which the auditor will select a random representative sample. The CCCF PCM will supply the auditor with the hiring 14-2H, as well as the application (each selected contractor) and criminal background record check. The auditor will ensure a random sample of contractor(s) are selected who have been at CCCF in excess of five years, if applicable. For those contractors, the CCCF PCM will also forward a copy of the five-year criminal background record check for affected contractor(s).

Dependent upon the auditor's findings, if necessary, the CCCF PCM will train the HRM regarding the standard requirements applicable to these provisions. He will provide the auditor a copy of the training outline for inclusion in the audit record. Additionally, upon completion of the training, he will provide the auditor a copy of the Training Acknowledgment Forms bearing the contractor's signature and receipt of training/understanding of training. For the next two months minimally, the CCCF PCM will provide the auditor a copy of all new contractor applications, Form(s) 14-2H, criminal record background checks and five-year re-investigations, if applicable.

Corrective action must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019. The auditor's review of the documentation will dictate closure of this provision.

February 18, 2019 Update:

The auditor's review of 14 randomly selected criminal record background checks associated with 14 current contractors reveals checks were conducted in 13 of the 14 cases. Criminal record background checks were conducted in a timely manner (prior to date of hire) and none of the checks revealed issues related to the three questions articulated in 115.17(a).

In addition to the above, 12 of the 14 randomly selected contractor files reveal timely completion of Self Declarations of Sexual Abuse/Harassment forms (14-2H) revealing no incidence of issues related to the afore-mentioned three questions, as well as, sexual harassment. The auditor's review of the forms validate the same.

In view of the above, the auditor is confident the practices articulated in 115.17(a), (b), (d), and (e) are institutionalized and accordingly, the findings are closed. The auditor finds CCCF substantially compliant with 115.17(a), (b), (d), and (e).

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

Implementation/Adjustments CDOC Reg. No. 100-40 entitled PREA, Attachment A, page 1, section I(1) addresses 115.17(b). CDOC Reg. No. 1150-14 entitled Background Investigations, page 4, section E(2) also addresses 115.17(b).

The auditor's review of Forms 14-2H for one employee, one contractor, and one applicant reveals compliance with this provision to the extent the three questions and an additional question regarding substantiated allegations of sexual harassment, are specifically asked; staff, applicants, and contractors affirmatively respond, in writing, to the questions. Additionally, the same document was present in the files of the afore-mentioned seven random staff selected for review, inclusive of the staff promotion.

While there is a question regarding sexual harassment on the Form 14-2H, there is no method for validation of the employee's response as reflected on the same. Accordingly, the auditor recommends addition of such a question to the Verification of Prior Employment form. With that addition, prior institutional employers will be able to attest to any incidents that may have occurred during the employees tenure with the employer, should he/she choose to respond. The criminal record background check generally does not address sexual harassment and accordingly, it is difficult to validate the applicant's statement, absent this step.

The HR interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. A Verification of Prior Employment Form for previous institutional employers addresses sexual harassment. Additionally, the Form 14-2H is completed by applicants, staff promotions, and contractors at the time of application and following selection.

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with inmates are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Warden further self reports during the past 12 months, 127 persons who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

Implementation/Adjustments CDOC Reg. No. 100-40 entitled PREA, Attachment A, page 1, section I addresses 115.17(c). CDOC Reg. No. 1150-14 entitled Background Investigations, page 2, section A(1)(a)(1)(a and b) also addresses 115.17(c).

The HR interviewee asserts the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. This applies to contractors who may have contact with inmates, as well. A Questionnaire is forwarded to all previous institutional employers wherein various PREA related questions are addressed. CDOC facilitates criminal record background checks (encompasses NCIC and CBI checks).

Pursuant to the PAQ, the Warden self reports agency policy requires a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates. The Warden further self reports criminal background record checks were conducted on 31 contractors who might have contact with inmates.

CDOC Reg. No. 1150-14 entitled Background Investigations, page 2, section IV(A)(3)(a)(1) addresses 115.17(d).

Pursuant to the PAQ, the Warden self reports agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

CDOC Reg. No. 1150-14 entitled Background Investigations, page 2, section IV(A)(3)(a)(1) addresses 115.17(e).

The HR interviewee asserts CDOC facilitates staff background investigations annually. If any violations occur, CDOC alerts CCCF regarding the nature of the same. The same process is utilized in terms of contractors.

Five year re-investigations were present in five applicable randomly selected staff files. Re-investigations were timely in comparison to the last PREA audit.

CDOC Reg. No. 1150-14 entitled Background Investigations, page 4, section E(3) addresses 115.17(f) in totality.

The HR interviewee asserts the facility asks all applicants and employees who may have contact with inmates about previous misconduct described above in the narrative for 115.17(a) in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. Specifically, the Form 14-2H is completed annually during Annual Refresher Training.

Eight of 13 randomly selected HR files reveal properly completed Forms 14-2H with respect to employment years since the last PREA audit. Many of the 2018 forms have evidently not been completed as of the on-site audit dates as 2018 In-Service training has not yet been completed. The auditor is satisfied practice is institutionalized with respect to 115.17(f).

Additionally, the HR interviewee asserts the facility imposes upon the employee, a continuing affirmative duty to disclose any such previous misconduct. This requirement is clearly articulated on the Form 14-2H.

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

CDOC Reg. No. 1150-14 entitled Background Investigations, page 4, section E(5) addresses 115.17(g) in totality.

The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, CCCF provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

CDOC Reg. No. 1150-14 entitled Background Investigations, page 4, section E(4) addresses 115.17(g) in totality. Implementation/Adjustments CDOC Reg. No. 100-40 entitled PREA, Attachment A, page 1, section I(1)(NOTE:) also addresses 115.17(g).

CDOC Reg. No. 1150-14 entitled Background Investigations, page 4, section E(5) addresses 115.17(h) in totality.

The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, CCCF provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

In view of the above, the auditor finds CCCF to be compliant with 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 32, section 14.2.4(V)(1) addresses 115.18(a) in totality. Additionally, CDOC AR Reg. No. 100-40 entitled PREP, page 27, section N(4)(c) addresses 115.18(a).

Pursuant to the PAQ, the Warden self reports the facility has not installed or updated video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 32, section 14.2.4(V)(2) addresses 115.18(b) in totality. Additionally, CDOC AR Reg. No. 100-40 entitled PREP, page 27, section N(4)(d) addresses 115.18(b).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? X Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X Yes No

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? X Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? X Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? X Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? X Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No X NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). According to the Warden, the CDOC Office of the Inspector General (OIG) Investigator facilitates criminal investigations of sexual abuse at CCCF.

When conducting administrative investigations, the CCCF PREA investigator follows a uniform evidence protocol. This is also stipulated in CDOC policy at CDOC, Reg. No. 100-40 entitled PREP, page 25, section 2(a) as to the conduct of criminal sexual abuse investigations. The CDOC OIG likewise follows a uniform evidence protocol.

All 13 random staff interviewees self report they know and understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Three of the 13 random staff interviewees assert the facility investigator facilitates administrative investigations while five interviewees assert the CDOC OIG Investigator facilitates criminal investigations. Of note, the auditor advised all interviewees of the identities of the respective investigators.

Pursuant to the PAQ, the Warden self reports youth are not confined at the facility and accordingly, the requirement the protocol be developmentally appropriate for youth, is not applicable to CCCF. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 14.2.4(O)(4)(b) addresses 115.21(b) in totality. CDOC Reg. No. 1150-07 entitled Crime Scene Management and Criminal Evidence Handling, page 5, section 4 also addresses 115.21(b).

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence, given the fact the CDOC OIG Investigator collects usable physical evidence and CCCF staff and the CCCF Investigator address the crime scene and victim/perpetrator pursuant to 115.64, reveals substantial compliance with 115.21(b). The CC role in the evidence protocol is partially addressed at section 6.9.4 of the Inter Governmental Agreement between CC and CDOC.

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANEs).

Efforts to provide SANEs or SAFEs are documented. In the past 12 months, 0 forensic medical exams were conducted relative to CCCF inmates who allege sexual assault.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 14.2.4(O)(4)(c) addresses 115.21(c) in totality. Additionally, CDOC Reg. No. 100-40 entitled PREP, page 26, section 8 also addresses 115.21(c).

The SANE/SAFE Nurse interviewee self reports she and her team of three SANE Nurses facilitate all forensic medical examinations for CCCF. They provide information to victims as required by 115.83. The team provides coverage on a 24 hour, seven day per week basis. One of the team is on call at all times and accordingly, all examinations are facilitated by a SANE Nurse. The interviewee advises, she and her team provide information regarding infection prophylaxis and pregnancy information, when applicable, to individuals (inclusive of CCCF inmates) when they are subjected to a forensic examination.

The auditor notes SANE examinations are clearly documented in reports generated by the CCCF Investigator.

The auditor's review of a letter dated December 1, 2017 reveals SANE nursing in sexual assault cases is available to CCCF inmates.

Pursuant to the PAQ, the Warden self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and the efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified staff member.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 14.2.4(O)(4)(d)(i and ii) addresses 115.21(d) in totality. Additionally, CDOC Reg. No. 100-40 entitled PREP, page 23, section 3(a) also addresses 115.21(d).

The auditor's review of an MOU between CC and the Arkansas Valley Resource Center (AVRC) reflects commitment from AVRC to provide advocacy services to inmates who experience sexual assault at CCCF. The same appears to encompass the intent and requirements of 115.21(d).

The PCM asserts if requested by the victim, a Victim Advocate (VA) is provided by Arkansas Valley Resource Center (AVRC) or Pueblo Rape Crisis Center (PRCC) to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interview.

One of the two inmates who reported a sexual abuse interviewees asserts he was not allowed to contact a VA subsequent to the sexual abuse report. As reflected throughout this report, this victim was alerted to sexual abuse by staff following completion of a separate investigation. The incident involved the inmate fondling and kissing a staff member. The other inmate who reported a sexual abuse interviewee actually reported a sexual harassment allegation.

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 14.2.4(O)(4)(e) addresses 115.21(e) in totality. Additionally, CDOC Reg. No. 100-40 entitled PREP, page 23, section 3(b) also addresses 115.21(e).

The PCM asserts he is not aware of AVRC's credentials with respect to provision of VA services.

While the auditor researched the AVRC website and feels confident with the services offered and provided, he recommends the PCM make contact with AVRC and inquire regarding VA qualifications, etc. at AVRC.

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

CDOC Reg. No. 100-40 entitled PREP, page 21, section J(1)(d) addresses 115.21(f).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? X Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? X Yes No
- Does the agency document all such referrals? X Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the Warden, five allegations of sexual abuse were received and all were administratively investigated. None of these allegations were referred for criminal investigation. The Warden further self reports all of the administrative investigations were completed.

Auditor's Note: The auditor has determined seven sexual abuse investigations were conducted during the last 12 months and one case was referred for criminal prosecution.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section 14.2.4(O)(4)(a) addresses 115.22(a) in totality. CDOC Reg. No. 100-40 entitled PREP, page 24, section c also addresses 115.22(a).

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA trained investigator and whenever the Inspector General (IG) arm of the partner is tasked with facilitation of criminal investigations, they are generally PREA trained pursuant to the contract.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. Medical examination and allegations the victim incurred physical harm may trigger a forensic examination as ordered by Medical professionals. The allegation is generally reported to the COS, Warden, and PCM. Notifications to the facility Investigator and/or criminal investigating agency would ensue.

The Agency Head interviewee continued, stating First Responders ensure the victim and perpetrator are separated and perpetrator, if known, is isolated. The victim would likewise remain under staff's physical supervision. Generally, physical evidence is collected by the criminal investigator in a criminal matter. If criminal, the criminal investigator determines interview status and whether the facility investigator assists. CC investigative staff would assist the criminal investigator in any way needed, inclusive of research and preservation of camera footage, inmate/staff file reviews, review of reports submitted by staff, review of inmate statements (if applicable), and coordination of investigative activities. Additionally, CC officials would support prosecution efforts of both staff and inmates.

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

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation.

The investigative interviewee asserts all sexual abuse/sexual harassment investigations are primarily conducted by the CDOC OIG Investigator and he (CCCF Investigator) assists with most investigations.

The auditor's review of the CC website revealed CC Policy 14-2 is posted on the same. Accordingly, the afore-mentioned verbiage is available on the website.

The auditor's review of the afore-mentioned policies reveals investigative responsibilities for both the CDOC OIG Investigator, as well as, the CCCF Investigator are clearly delineated.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? X Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? X Yes No

115.31 (c)

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

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the ten topics listed in 115.31(a).

CDOC Reg. No. 100-40 entitled PREP, page 5, section 3 and page 8, section C(1)(b-g) address 115.31(a).

The auditor's limited review of the CC PREA Orientation Curriculum dated January, 2014 and entitled PREA: Sexual Abuse, Prevention, and Response reveals the requisite 10 topics are covered with narrative and slides. Additionally, the CDOC PREA slides clearly address each of the 10 requisite topics. All requisite training [as applied to 115.31(a)] is available at CCCF.

All of the 13 random staff interviewees self report they received training relative to the 10 topics articulated in 115.31(a). Dependent upon their tenure with CC and at CCCF, interviewees either received the requisite training during Pre-Service or In-Service training.

The auditor's review of two Training Activity Enrollment/Attendance Rosters dated 11/6/2017 (Pre-Service) and 12/4/2017 (In-Service) reveals 11 staff attended the Pre-Service and 12 staff attended the In-Service training sessions. CDOC PREA was addressed during the Pre-Service training while both CDOC PREA and Universal Pat Searches were addressed during the In-Service sessions. One Training Acknowledgment each (staff certifications of completion of the training and understanding of the subject-matter presented) were included in the PAQ for the Pre-Service and In-Service trainings. The Training Acknowledgments were signed and dated by the respective employees.

The auditor's review of 16 random staff training files reveals timely completion of training two cases. Of note, the CC In-Service training calendar runs from January through December of each year. Accordingly, training has not yet been completed for some staff. All others received requisite training (either Pre-Service or In-Service) minimally and based on their status, during calendar years 2017 and/or 2018. Again, all In-Service training has not yet been completed for 2018.

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 14.2.4(C)(1)(a) and page 8, section C(1)(c) address 115.31(b) in totality.

According to the CCCF PCM, no staff have transferred to CCCF during the last 24 months from facilities wherein female inmates are housed.

Pursuant to the PAQ, the Warden self reports that 244 staff employed by the facility, who may have contact with inmates, were either trained or retrained in PREA requirements. Between trainings, staff are notified of all new and/or revisions to existing policies. The same is provided pursuant to distribution of meeting minutes and Staff Recalls. According to the Warden, employees who may have contact with inmates receive refresher training on an annual basis.

Between trainings, staff are notified of all new and/or revisions to existing policies. The same is provided pursuant to distribution of meeting minutes and Staff Recalls.

According to the Warden, employees who may have contact with inmates receive refresher training on an annual basis.

As 115.31(c) requires refresher training every two years and CCCF provides the same on an annual basis as confirmed by the Warden's statement and the auditor's findings from file reviews and PAQ information, the auditor finds CCCF to exceed standard requirements with respect to 115.31.

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

CDOC Reg. No. 100-40 entitled PREP, page 8, section C(1)(h) addresses 115.31(d).

The auditor's review of Training Acknowledgment Forms located in randomly selected employee's training files, as well as, the two examples noted above, confirm the "I understand" caveat is present on the forms and the employee signs and dates the same.

As previously reflected, the auditor finds CCCF to exceed standard requirements for 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports all contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 27 volunteers and individual contractors, who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

CDOC Reg. No. 100-40 entitled PREP, page 7, section C(1) and (c) and CDOC Reg. No. 900-01 entitled Volunteer Programs, page 3, section B(2)(d) address 115.32(a).

The CCCF PCM asserts there are 14 contractors and 26 volunteers at CCCF. All receive PREA Refresher Training on an annual basis. Contractors participate in an instructor-led program while volunteers receive their training at CDOC Headquarters.

According to the contractor interviewee, he has been trained in his responsibilities regarding sexual abuse and sexual harassment, prevention, detection, and response, per agency policy and procedure. Pre-Service training was completed prior to inmate contact with inmates. The same was conducted within one week of hire. It is the same training as that received by CC staff.

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

CDOC Reg. No. 900-01 entitled Volunteer Programs, page 3, section B(2)(d) addresses 115.32(b).

The auditor's review of the training curriculum for contractors is nearly identical to that for staff as mentioned in the narrative for 115.31.

The contractor interviewee asserts the training centered on a PREA Self Help Booklet and the CC PREA First Responder card was provided. The training addressed warning signs, reporting incidents of sexual abuse and sexual harassment, First Responder duties and responsibilities, to name a few.

The auditor's review of one PAQ contractor Training Acknowledgment form reflects her understanding of the training and her PREA responsibilities. This form is dated May 16, 2018 and it appears the individual's hire date at CCCF was May 2, 2018. The CCCF PCM relates she completed the Academy on May 17, 2018 and did not commence performance of duties with the contracting agency until May 19, 2018. Accordingly, the contractor was properly trained prior to assumption of duties with inmates.

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

CDOC Reg. No. 100-40 entitled PREP, page 8, section h addresses 115.32(c).

The auditor's review of three volunteer training records reveals adequate documentation of training completion and understanding of PREA expectations, the zero tolerance policy, and reporting procedures, is present.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? X Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? X Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? X Yes No

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? X Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? X Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? X Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 2090 inmates were admitted to CCCF during the last 12 months, of which 100% were provided the requisite information at intake.

CDOC Reg. No. 850-07 entitled Offender Reception and Orientation, page 3, section D(2) addresses 115.33(a).

The Intake Staff interviewee asserts he does provide inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Specifically, he provides PREA documentation from CDOC that captures zero tolerance and reporting information. He calls Intake staff regarding arrivals and distributes information in Intake. Inmates sign and date form(s) for receipt of information.

Twenty-nine of 41 random resident interviewees assert they received information regarding the facility's rules against sexual abuse and sexual harassment during Intake. Five additional random resident interviewees assert they arrived at CCCF prior to 2016. Six interviewees assert they either didn't receive the requisite information or they received days subsequent to Intake. One interviewee asserts he doesn't recall if or when he received such information.

The auditor's review of 16 random inmate files reveals insufficient evidence to validate compliance with 115.33(a). Many of these files pertained to inmates who were randomly interviewed. Specifically, 14 of the 16 files were absent documentation substantiating receipt of requisite information at Intake. With respect to one file, the inmate arrived at CCCF in 2013 and accordingly, that file is not applicable. The last file reflects compliance with the provision.

The auditor's review of the CCCF Inmate Handbook reveals substantial compliance with 115.33(a). The same addresses the zero tolerance policy, as well as, methods to report incidents or suspicions of sexual abuse or sexual harassment. While the Handbook is not translated in Spanish, it is presented in large print version.

The CCCF PCM asserts the "Facts You Should Know" brochure is issued to inmates and they sign for receipt of the Handbook.

In view of the above, the auditor finds CCCF to be non-compliant with 115.33(a).

As clearly reflected above, CCFF is not compliant with 115.33(a). Specifically, documentary evidence to substantiate compliance is generally absent from the files. Absent timely provision of requisite PREA information, inmates are not sufficiently educated regarding sexual abuse/sexual harassment reporting procedures and zero tolerance prior to assignment to a housing unit.

Monitoring of inmate arrival rosters compared to the timeliness of completion of Intake education and Orientation education (audits of inmate files and associated documents to determine timeliness by completed documentation) will be essential to corrective action. Addressing findings on a perpetual basis will be critical.

Corrective action must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019. CCCF staff will submit a monthly list of new commitments (commencing on September 17, 2018) and the auditor will select random names from the same. Requisite documentation will be forwarded to the auditor, verifying the inmate's date of arrival at CCCF and the date of provision of initial PREA education. The documentation submitted to the auditor will bear the inmate's signature and date on each document.

The auditor will review progress during this targeted 90-day period and if closure is appropriate after the 90-day period, he will effect the same.

May 2, 2019 Update:

The auditor's review of 23 randomly selected inmate files relative to inmates received at CCCF since completion of the on-site review reveals timely provision of requisite PREA Intake materials in 13 cases. While this is not ideal, the auditor finds CCCF substantially compliant with 115.33(a). Accordingly, the auditor is closing this finding.

The auditor strongly recommends the PCM employ a random audit schedule wherein initial PREA education is closely monitored. As previously referenced, timely presentation of requisite PREA information can be critical to inmate sexual safety. Effective monitoring will ensure minimization of breakdowns in the PREA cycle.

The auditor finds CCCF substantially compliant with 115.33(a).

Pursuant to the PAQ, the Warden self reports 1970 inmates were admitted to CCCF during the last 12 months whose length of stay was 30 days or more. According to the Warden, all of these inmates received comprehensive PREA education within 30 days of Intake.

CDOC Reg. No. 100-40 entitled PREP, page 14, section 2(1) and CDOC Reg. No. 850-07 entitled Offender Reception and Orientation, page 4, section E(3) addresses 115.33(b). This policy prescribes a seven calendar day Orientation program from the date of Intake.

The Intake Staff interviewee asserts the agency ensures inmates are educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding such agency policies and procedures for responding to such incidents. This is accomplished during Orientation which is generally conducted the day following Intake. The Inmate Handbook, PREA video, and lecture are provided during Orientation. The interviewee advised a Spanish speaking staff member is present at Orientation, when required.

Thirty of the 41 random resident interviewees assert they received information regarding their right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. Fourteen interviewees advise the information was provided a few days subsequent to Intake to one month following the same. Five interviewees arrived at CCCF prior to 2016 and five interviewees did not recall when they received the requisite information.

The auditor's review of three completed CCCF Offender Verification forms reveals PREA Orientation was completed in accordance with the afore-mentioned policy requirements. Fifteen of the 16 inmate files randomly reviewed by the auditor reveals substantial compliance with both 115.33(b) and relevant policy.

The auditor's review of the CDOC AR Form 100-40A reveals substantial training as required in 115.33(b).

Pursuant to the PAQ, the Warden self reports all inmates, received within the last 12 months, have been educated within 30 days of Intake. The Warden further self reports agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

As previously reflected in the narrative for 115.33(b), policy requires all inmate admissions to CCCF to receive PREA Orientation education. Additionally, CDOC Reg. No. 100-40 entitled PREP, page 14, section 2(1) addresses 115.33(c).

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all inmates, including those specific groups listed in the verbiage of 115.33(d).

CDOC Reg. No. 100-40 entitled PREP, page 14, section 2(2) and page 15, section 3 addresses 115.33(d).

Of note, the auditor's cursory review of the PREA Refresher Orientation for Male Offenders DVD reveals the same includes sign language interpretation. The Language Line and other methods of training provision to groups of inmates described in 115.33(d) are delineated in the narrative for 115.16.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation of inmate participation in PREA sessions.

CDOC Reg. No. 100-40 entitled PREP, page 14, section 2(2) and page 15, section 4 addresses 115.33(e).

Of note, the afore-mentioned CCCF Offender Verification is signed and dated by the resident and co-signed and dated by the staff member who provided the training. Additionally, a note is electronically entered into the inmate's system file, memorializing completion of the training.

The auditor's review of random resident files, as described above, is based on review of electronic files.

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

CDOC Reg. No. 100-40 entitled PREP, page 14, page 15, section 5 addresses 115.33(f).

The auditor's review of numerous PREA posters and painted posters on unit walls reflects information regarding zero tolerance towards sexual abuse, sexual harassment, reporting procedures, etc. The auditor's review of the Inmate Handbook is discussed throughout the narrative for 115.33.

In view of the above, the auditor finds CCCF substantially compliant with 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. CDOC Reg. No. 100-40 entitled PREP, page 9, section 4(f) addresses 115.34(a).

The auditor's review of the CCCF PREA Investigator training records reveals he completed a three hour PREA Investigator training (Relias Learning). The auditor's review of the lesson plan from the PREA: Investigation Protocols reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

The investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in confinement settings.

The auditor's review of the CCCF PREA Investigator training records reveals he completed a three hour PREA Investigator training (Relias Learning) with a Certificate dated June 20, 2018. The auditor's review of the lesson plan from the PREA: Investigation Protocols reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

Pursuant to conversation with the investigative interviewee, the auditor has learned the current Investigator has assumed the position since January, 2018. There is no evidence his predecessor had properly completed the requisite specialty training. Accordingly, the auditor finds CCCF to be non-compliant with 115.34(a) as compliance has not been maintained throughout the audit period from the date of the last audit.

The auditor finds CCCF completed corrective action in terms of the current investigator. Accordingly, the auditor is closing this finding as he finds CCCF substantially compliant with 115.34(a) and (c).

CDOC Reg. No. 100-40 entitled PREP, page 9, section 4(a-e) addresses 115.34(b).

The investigative staff interviewee asserts the afore-mentioned specialty training addressed 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 or prosecution referral.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that investigators have completed the required training. The Warden further self reports CCCF currently employs one PREA Investigator and he completed the required training.

In view of the above, the auditor finds CCCF substantially compliant with 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, 24 medical and mental health care practitioners work regularly at the facility and have received the requisite training. This equates to 100% of medical and mental health care practitioners who work regularly at the facility and have received training.

CDOC Reg. No. 100-40 entitled PREP, page 9, section 3(a-d) addresses 115.35(a).

The auditor's cursory review of the CCA PREA Specialty Training for Medical and Mental Health Staff DVD and some random slides associated with the same reveals substantial compliance with 115.35(a). The four requisite topics are addressed.

The medical staff interviewee asserts she completed medical specialty training regarding sexual abuse and sexual harassment. The course was presented in DVD format, supplemented by an instructor. The training covered the following topics:

How to detect and assess signs of sexual abuse and sexual harassment;
 How to preserve physical evidence of sexual abuse;
 How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
 How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The mental health interviewee asserts he has not received this training. The auditor's review of the mental health interviewee's training record reveals he completed the requisite training on May 1, 2018.

The auditor's random review of training records for four medical/mental health staff reveals Specialty Medical/Mental Health training was not completed by two of the four individuals however, one of the individuals is a medical clerk and therefore, not a direct-care clinician. In-Service training was completed by all four employees.

Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated at CCCF. Accordingly, the auditor finds 115.35(b) to be not-applicable to CCCF.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training. Evidence of the same is reflected above.

CDOC Reg. No. 100-40 entitled PREP, page 9, section 3(e) addresses 115.35(c).

CDOC Reg. No. 100-40 entitled PREP, page 7, section C(1) addresses 115.35(d).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.35.

<p>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</p>
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Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? X Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? X Yes No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? X Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? X Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? X Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? X Yes No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
X Yes No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?
X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
X Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

CDOC Reg. No. 100-40 entitled PREP, page 9, section D(1) addresses 115.41(a).

The two staff who perform screening for risk of victimization and abusiveness interviewees assert they do screen inmates upon admission to the facility or transfer from another facility for risk of sexual abusive victimization or sexual abusiveness toward other inmates.

Fifteen of the 41 random resident interviewees assert they were asked whether they had been in a jail or prison before; whether they have ever been sexually abused; whether they identify as being gay, lesbian, bisexual; and whether they think they might be in danger of sexual abuse at the facility, when they first came to CCCF. Twelve of these interviewees assert these questions were asked at Intake while three interviewees assert the questions were asked from 2-3 days of arrival to a couple weeks of arrival.

Of note, 20 interviewees arrived prior to the last 12 months and accordingly they were not asked the questions pursuant to the Interview Questionnaire. Six interviewees advise they were not asked the questions.

During the facility tour, the auditor did randomly question four residents as to whether they were asked the above questions during Intake. All responded affirmatively.

Pursuant to the PAQ, the Warden self reports the policy requires inmates be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the past 12 months, the Warden self reports 2090 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

CDOC Reg. No. 100-40 entitled PREP, page 9, section D(1) and page 11, section b address 115.41(b).

Pursuant to review of one PREA screening, the inmate arrived at CCCF on December 18, 2017 and was initially PREA screened on December 19, 2017. His 30-day Re-assessment was facilitated on January 11, 2018.

The auditor's review of 16 randomly selected inmate files, many pertaining to inmates randomly interviewed as described above, reveals ten Initial PREA Screenings were completed outside the 72-hour time frame prescribed by policy. In some cases, the screening was conducted within one week to a month following Intake. In view of the above, the auditor finds CCCF to be non-compliant with 115.41(b).

Accordingly, corrective action must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019.

To ensure the auditor is reasonably assured this deficiency has been corrected, CCCF staff will provide a monthly inmate roster of inmates admitted since September 17, 2018. The auditor will randomly select inmates and CCCF staff will forward the initial PREA screening for each inmate, to the auditor for review.

The auditor will review progress during the target 90-day period and if closure is warranted after the 90-day period, he will effect the same.

May 9, 2019 Update

The PCM asserts he facilitated some training with the unit managers and he monitors completion of initial assessments on a daily basis. He asserts he has noted improvement in terms of quality and timeliness.

The auditor's review of random inmate files for inmates committed to CCF between December 3, 2018 and April 8, 2019 reveals substantial compliance with 115.41(b) and CC and CDOC policy. All Initial PREA Screenings were completed within 72 hours of arrival at CCCF.

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

Both staff who perform screening for risk of victimization and abusiveness interviewees assert they screen inmates within 72 hours of Intake at CCCF. One interviewee asserts CDOC electronic records are available to CCCF staff prior to the inmate's arrival. Such records include the screening completed by CDOC staff at DRDC. The same captures PREA information for purposes of housing and program assignments. A second assessment is completed at CCCF.

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

The auditor's review of the PREA SAB Assessment reveals the same is, for the most part, based on objective criteria.

The auditor's review of the PREA SAB Assessment reveals the intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

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

2. The age of the inmate;
3. The physical build of the inmate;
4. Whether the inmate has previously been incarcerated;
5. Whether the inmate's criminal history is exclusively nonviolent;
6. Whether the inmate has prior convictions for sex offenses against an adult or child;
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
8. Whether the inmate has previously experienced sexual victimization;
9. The inmate's own perception of vulnerability;
10. Whether the inmate is detained solely for civil immigration purposes.

Of note, other subjective questions are asked pursuant to the PREA Assessment Questionnaire Information. Additionally, as reflected on the afore-mentioned form and pursuant to CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(1)(b), the inmate's file and other source documentation are reviewed to validate the screening tool findings and inmate interview.

Both staff who perform screening for risk of victimization and abusiveness interviewees assert the initial risk screening considers victimization history while in confinement and the community, length of sentence, appearance, self perception of sexual identity, Code of Penal discipline findings, history of violent offenses, any threat to the inmate's safety, age, build, and inmate's perception of vulnerability. Both interviewees assert the procedure for conducting such screenings includes confidential interview between the Unit Manager and the inmate. The Unit Manager asks the questions and validates or refutes inmate responses pursuant to research of electronic records. The interview is facilitated behind closed doors.

The auditor's review of the PREA SAB Assessment reveals the intake screening and reassessment minimally considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as know to the agency in assessing inmates for risk of being sexually abusive. Prior convictions and administrative disciplinary actions are considered.

Pursuant to the PAQ, the Warden self reports the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

The Warden further self reports 1970 inmates who were admitted to the facility during the last 12 months were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since Intake. Reportedly, this equates to 100% reassessments of all Intakes during the last 12 months.

CDOC Reg. No. 100-40 entitled PREP, page 12, section E(1) addresses 115.41(f).

According to the CCCF PCM, the 120 inmate differential in terms of total admissions vs. those subjected to Re-assessment were inmates who were admitted to CCCF and were initially assessed with the SAB/SVR tool. The 120 inmates departed the facility prior to the 30 day Re-assessment for reasons such as facility transfers, custody issues, etc.

According to the staff who perform screening for risk of victimization and abusiveness interviewees, Re-assessments are facilitated within 30 days of the inmate's Intake. The CDOC Case Management system tracks Reassessment due dates. At least two weeks from the due date, a red alert appears, signifying the due date for the conduct of the Reassessment.

Sixteen of the 41 random resident interviewees assert they were not asked whether they had been in a jail or prison before; whether they have ever been sexually abused; whether they identify as being gay, lesbian, bisexual; and whether they think they might be in danger of sexual abuse at the facility, since

first coming to CCCF. Two interviewees assert they were asked these questions again since arrival at CCCF neither recalls when the questions were asked.

Of note, 20 interviewees arrived prior to the last 12 months and accordingly they were not asked the questions pursuant to the Interview Questionnaire. Three interviewees have not yet been at CCCF for 30 days.

The auditor's review of 16 randomly selected inmate files, many pertaining to randomly selected inmate interviewees, reveals 10 of 16 Reassessments were conducted within 30 days of Intake. Two of the six non-compliant Reassessments were completed at the 31st day from Intake. The others were five days to weeks in terms of delinquency.

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

CDOC Reg. No. 100-40 entitled PREP, pages 12 and 13, section E(5) also addresses 115.41(g).

According to the staff who perform screening for risk of victimization and abusiveness interviewees, inmate's risk levels are reassessed, as needed, due to a request, referral, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. One interviewee asserts in a sexual abuse matter, both the victim and perpetrator would be reassessed.

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding:
Whether or not the inmate has a mental, physical, or developmental disability;
Whether or not the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the inmate has previously experienced sexual victimization; and
The inmate's own perception of vulnerability.

CDOC Reg. No. 100-40 entitled PREP, page 10, section a addresses 115.41(h).

According to the staff who perform screening for risk of victimization and abusiveness interviewees, inmates are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to):

Whether the inmate has a mental, physical, or developmental disability;
Whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether the inmate has previously experienced sexual victimization; and/or
The inmate's own perception of vulnerability.

CDOC Reg. No. 100-40 entitled PREP, page 10, section b addresses 115.41(i).

According to the CCPC, CCCF PCM, and staff who performs screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. Such information is shared on a "Need to Know" basis only. CCCF executive staff, Unit Managers, Captains, Lieutenants, Teachers, Counselors, Case Managers, and Medical/Mental Health staff. The CCCF PCM determines system rights for affected staff.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? X Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? X Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12 section 14-2.3(H)(1) addresses 115.42(a). CDOC Reg. No. 100-40 entitled PREP, page 11, section d also addresses 115.42(a).

The CCCF PCM interviewee asserts the facility uses the information from risk screening during Intake to preclude housing victims/potential victims and aggressors/potential aggressors in the same cell.

According to the staff who perform screening for risk of victimization and abusiveness interviewees, the facility primarily relies on the risk screening information gleaned during Intake, for making safe housing assignments. A scoring system is built into the Sexual Victimization Risk (SVR)/Sexually Aggressive Behavior (SAB) system (CDOC program). A PREA roster program is built into the system. Count Room staff make cell/unit assignments based on this electronically generated report. Victims/potential victims are not housed with aggressors/potential aggressors. Scores of 3 or above trigger SAB or SVR designations.

The auditor's review of a PREA Report SAB/SVR dated May 21, 2018 reveals a logical and systematic method of determining alerts in terms of housing, programming, and work assignments. Scores greater than or equal to 3 trigger alerts for both sexual victims and sexual abusers.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15 section 14-2.3(J)(1)(a) addresses 115.42(b). This policy is specific to LGBTI housing and program assignments. CDOC Reg. No. 100-40 entitled PREP, page 11, section c also addresses 115.42(b).

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

The relevant CC policy provision is discussed in the narrative for 115.42(b) above. CDOC Reg. No. 100-40 entitled PREP, page 11, section f also addresses 115.42(c).

According to the CCCF PCM, a multi-disciplinary committee assigns housing and programming for transgender/intersex inmates. Facility staff consider whether the placement will ensure the inmate's health and safety and whether the placement presents management or security problems. LGBTI inmates are dispersed throughout the facility in all units.

The transgender inmate interviewees assert staff did ask them questions about their safety during the PREA screening and at various times since. One of the three transgender inmate interviewees asserts three transgender inmates are assigned to his pod however, the others are dispersed throughout the facility. The other two interviewees assert they were not placed in transgender/intersex only housing pods. Additionally, they were not strip searched for the sole purpose of determining genitalia.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15 section 14-2.3(J)(1)(b) addresses 115.42(d). CDOC Reg. No. 100-40 entitled PREP, page 12, section E(2) also addresses 115.42(d). This policy stipulates such reviews of transgender/intersex inmates will be facilitated every six months.

According to the CCCF PCM, placement and programming assignments for each transgender/intersex inmate are reassessed every six months by Unit Managers. Both staff who perform screening for risk of victimization and abusiveness interviewees assert placement and programming assignments for each transgender/intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate.

The auditor's review of files for two of the three transgender inmate interviewees reveals three requisite reviews during the last 12 months. Prior to the last 12 months, it appears such reviews were conducted annually. In one case, there was one requisite review and it exceeded six months.

In view of the above, the auditor finds CCCF has implemented corrective action to address a previously existing deficiency. Accordingly, based on this snapshot in time, the auditor finds CCCF to be compliant with the intent and implementation of 115.42(d).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 14 and 15 section 14-2.3(J)(1)(a) addresses 115.42(e). CDOC Reg. No. 100-40 entitled PREP, page 12, section f(1) also addresses 115.42(e).

The CCCF PCM asserts transgender/intersex inmate's views with respect to his own safety are given serious consideration in placement and programming assignments. The staff who perform screening for risk of victimization and abusiveness interviewees also confirm this practice.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section 14-2.3(K)(7) addresses 115.42(f). CDOC Reg. No. 100-40 entitled PREP, page 12, section f(2) also addresses 115.42(f).

The CCF PCM asserts transgender and intersex inmates are given the opportunity to shower separately from other inmates. At this time, one transgender inmate has opted to shower separately. The CCCF PCM prepared a memo addressing the matter, forwarded the same to staff, and provided a copy to the affected inmate. The staff who perform screening for risk of victimization and abusiveness interviewees confirm the statement of the CCCF PCM. All three transgender inmate interviewees assert they are able to shower separately from other inmates if they request the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section 14-2.3(J)(1)(c) addresses 115.42(g). CDOC Reg. No. 100-40 entitled PREP, page 12, section g also addresses 115.42(g).

According to the CCPC, facility staff in all CC facilities are keenly aware designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex inmates unless the agency is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The CCCF PCM asserts the facility is not subject to a consent decree, legal judgment, or legal settlement requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates.

The three transgender inmate interviewees assert they have not been put in a housing area designated only for gay, bisexual, transgender, or intersex inmates. One of the two gay inmates asserts between July and August, 2018, he was placed in a housing unit where the majority of gay and transgender inmates were housed. Of note, the auditor observed placement ofGBTI inmates throughout the facility.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? X Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? X Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? X Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? X Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? X Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? X Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? X Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? X Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? X Yes No

115.43 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. The Warden further self reports 0 inmates at risk of sexual vic-

timization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment.

CDOC Reg. No. 100-40 entitled PREP, page 22, section 2(b) addresses 115.43(a).

The Acting Warden interviewee asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers.

The auditor's review of sexual abuse investigations conducted during the last 19 months reveals no involuntary Restricted Housing Unit (RHU) placements have been effected to ensure separation from likely abusers. In one scenario, the alleged victim was placed in RHU pending investigation.

CDOC Reg. No. 100-40 entitled PREP, page 22, section 2(b)(1) also addresses 115.43(b).

The staff member who supervises inmates in segregated status interviewee asserts when inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they do still have access to programs, privileges, and education. There are no work opportunities in the Restricted Housing Unit (RHU) for any inmate. There are no memorandums reflecting any restriction of the above activities in the RHU at this time.

According to the CCCF PCM, there are no inmates currently confined in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse. Accordingly, this interview could not be conducted.

The auditor notes there are processes to ensure compliance with 115.43 should the need arise. Forms and documentary practices appear to be institutionalized as applied to all inmates confined in the RHU.

Pursuant to the PAQ, the Warden self reports in the past 12 months, 0 inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

CDOC Reg. No. 100-40 entitled PREP, page 23, section 2(b)(2) addresses 115.43(c).

The Acting Warden interviewee asserts inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Commensurate with CDOC expectations, such placements initially occur for only 24 hours to sort out the issues. However, placement in RHU is limited to 15 days.

The staff member who supervises inmates in segregated status interviewee asserts inmates are placed in RHU only until an alternative means of separation from likely abusers can be arranged. He further elaborated that such placement is generally only up to 10 working days.

As previously indicated in the narrative for 115.43(a), the Warden self reports 0 inmates at risk of sexual victimization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment.

CDOC Reg. No. 100-40 entitled PREP, page 23, section 2(b)(3) addresses 115.43(d).

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

CDOC Reg. No. 100-40 entitled PREP, page 23, section 2(b)(4) addresses 115.43(e).

The staff member who supervises inmates in segregated status interviewee asserts when an inmate is placed in involuntary segregated housing in RHU in accordance with this standard, the facility reviews the inmate's circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed. The proper time frame for this review is in accordance with the narrative for 115.43(c).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? X Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? X Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? X Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? X Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? X Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? X Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? X Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

CDOC Reg. No. 100-40 entitled PREP, page 16, section H(1)(a)(1-6) addresses 115.51(a).

The auditor's review of an Offender Verification Form dated May 15, 2018 and accompanying AR Form-10-40A reveals the listing of an outside telephone number for reporting. This same telephone number is listed on pages 30 and 36 of the CCCF Offender Handbook, as well as, "Break the Silence" wall posters noted throughout the facility. Other reporting options are also identified in the above sources.

All 13 random staff interviewees were able to identify at least two methods for private reporting of incidents of sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Methods of reporting include submission of a letter to the CCCF PCM, Warden/CDOC PREA Coordinator, use of the PREA Hotline, report to any staff member with whom they feel comfortable, submit letter to the Washington DOC (agreement regarding acceptance of report by non-affiliated entity).

All of the 41 random inmate interviewees were able to cite at least one method of reporting sexual abuse or sexual harassment while the majority of interviewees were able to cite two or more methods of reporting. Reporting options include verbal or written reports to staff, letter to CDOC PREA Coordinator, letter to Washington State DOC, and the PREA Hotline.

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The Warden further self reports the agency does have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. However, no detainees housed solely for civil immigration purposes, are confined at CCCF.

CDOC Reg. No. 100-40 entitled PREP, pages 16 and 17, sections H(1)(a)(7) and (8) address 115.51(b).

The auditor's review of a DC Form 100-40G reveals a written source for reporting allegations of sexual abuse/sexual harassment to a PREA Reporting Office in Olympia Washington. The auditor's review of an Intergovernmental Agreement between CODC and the Washington Department of Corrections (WDOC) addresses the procedure whereby the afore-mentioned form can be submitted to WDOC for reporting to the CDOC PREA Administrator.

In addition to the above, the auditor noted two other methods of telephonic reporting to entities outside CCCF. Specifically, free and unmonitored telephone calls can be made from inmate telephones to the DOC TIPS-Line and the PREA Reporting Line by dialing #6.

The CCCF PCM asserts inmates may mail a letter to the Washington DOC pursuant to MOU with that agency and they will forward the same to CCCF officials. Additionally, inmates may contact the afore-mentioned DOC TIPS-Line (Hotline) or the PREA Reporting Line. The CCCF PCM further asserts these procedures enable receipt and immediate transmission of inmate reports of sexual abuse and sexual harassment to agency officials that allow the inmate to remain anonymous upon request. The procedure is described in the following paragraphs.

Thirty-two of 41 random inmate interviewees assert they can make a report without having to give their name while four interviewees assert they must provide their names. Five interviewees assert they do not know whether they have to provide their names.

According to the CCCF PCM, the DOC-TIPS-Line Hotline and PREA Reporting Line are available Sunday through Saturday. Inmates can access this external reporting resource toll-free and in a confidential manner. Additionally, the PREA reporting line can be reached by inmates pursuant to keying #06 on the inmate telephone line.

In regard to the Hotline numbers, the Warden will receive an e-mail and/or a phone call from the OIG regarding the calls or letters.

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

CDOC Reg. No. 100-40 entitled PREP, page 18, section a(1-3) addresses 115.51(c).

The auditor's review of an Incident Report dated January 16, 2017 reveals immediate action and documentation of a report of sexual abuse and imminent sexual abuse. The alleged victim was immediately placed under staff supervision where he remained until placed in a secure location. The time line from the report of sexual abuse to facility staff notifications to placement in a secure location encompassed approximately 45-60 minutes.

Twelve of the 13 random staff interviewees assert an inmate who alleges sexual abuse or sexual harassment can do so verbally, in writing, anonymously, and from third parties. One interviewee asserts reports cannot be made by third-parties.

All interviewees assert they immediately document verbal reports subsequent to receipt of the same.

Thirty-nine of the 41 random inmate interviewees assert inmates can make reports of sexual abuse and sexual harassment both verbally and in writing. Two interviewees assert reports can only be made in writing. Twenty-seven of the 41 interviewees assert reports can be made by third-parties without naming the inmate. Four interviewees assert third-party reports cannot be made while 10 interviewees stated they did not know.

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The Warden further reports staff are directed to call (719)226-4621. This is the DOC Reporting Line for Staff.

Pursuant to the PAQ documentation, staff are alerted to the above provision by the CC CCCF Employee Reference Booklet dated January, 2018. The auditor's review of this document confirms the Warden's assertion. In addition to the above, the auditor's review of a poster for staff reveals provision of the same in-

formation. Finally, the auditor's review of the CC Code of Ethics publication reveals the telephone number for the Ethics Hotline to facilitate such reporting.

CDOC Reg. No. 100-40 entitled PREP, page 18, section b addresses 115.51(d).

All 13 random staff interviewees were able to identify at least two methods of private reporting of inmate sexual abuse and sexual harassment incidents. Methods articulated included verbal reports to the Shift Commander, Ethics Hotline, e-mail, written reports, reports to the CDOC PREA Coordinator, Inmate Hotline, and DOC TIPS Line. Of note, verbal reports to the Shift Commander are commensurate with CDOC policy.

The auditor finds CCCF to be substantially compliant with 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) X Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) X Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate

decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

X Yes No NA

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
X Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) X Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
X Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
X Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) X Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
X Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

CDOC Reg. No. 100-40 entitled PREP, page 18, section b addresses 115.52(a).

Pursuant to the PAQ, the Warden self reports agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The Warden further self reports agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff an alleged incident of sexual abuse.

CDOC Reg. No. 850-04 entitled Grievance Procedure, page 7, section F(3)(a) and page 2, section B(6) address 115.52(b).

The CCCF Offender Handbook, page 13 addresses 115.52. Inmates are directed to the Law Library for review of AR 850-04, as described above. During the facility tour, the auditor observed AR 850-04 is available in the Law Library.

Pursuant to the PAQ, the Warden self reports agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The Warden further self reports agency policy and procedure requires that an inmate grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

CDOC Reg. No. 850-04 entitled Grievance Procedure, page 3, section 6 addresses 115.52(c).

Pursuant to the PAQ, the Warden self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The Warden further self reports 0 grievances were filed within the last 12 months wherein sexual abuse was alleged.

CDOC Reg. No. 850-04 entitled Grievance Procedure, page 8, section F(3)(b and c) addresses 115.52(d). This policy stipulates the Step 1 grievance response to an alleged sexual abuse allegation must be completed within 25 days. The Step 2 response must be completed within 25 days. The Step 3 grievance response must be completed within 40 days. The total time for final grievance response concerning an allegation of sexual abuse will not exceed 90 days. If no response or requested delay is received within the above stated time frames, the grievance will be deemed denied at that level.

DOC (CCCF) can request an extension of time for up to 70 days to respond to a grievance alleging sexual abuse if the good faith effort to respond to the allegations necessitates an extension. The offender will be notified, in writing, of any extension.

The two inmates who reported a sexual assault interviewees did not assert they filed any grievances in accordance with 115.52.

Pursuant to the PAQ, the Warden self reports agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The Warden further self reports agency policy and procedure requires that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Zero grievances alleging sexual abuse were filed by inmates in the past 12 months in which the inmate declined third-party assistance, ensuring documentation of the inmate's decision to decline.

CDOC Reg. No. 850-04 entitled Grievance Procedure, pages 2 and 3, section C(4)(a-c) addresses 115.52(e).

Pursuant to the PAQ, the Warden self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The Warden further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the past 12 months. CDOC Reg. No. 850-04 entitled Grievance Procedure, page 8, section G(4)(a) and (b) addresses 115.52(f).

Pursuant to the PAQ, the Warden self reports the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. The Warden further self reports that, during the last 12 months, there were 0 instances of inmate discipline for incidents of this nature.

CDOC Reg. No. 850-04 entitled Grievance Procedure, page 8, section H(1) addresses 115.52(g). The auditor finds CCCF to be substantially compliant with 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes X No

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national advocacy or rape organizations;
Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and
Enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

CDOC Reg. No. 100-40 entitled PREP, page 26, section L(1)(a) addresses 115.53(a). This policy stipulates as follows:

The facility shall provide offenders with access to outside victim advocates for emotional support services through the following:

The PREA Resource Guide which contains contact information for statewide, national, and local rape crisis centers, is available in the library, through the facility PREA coordinator, or case manager.

Of note, the auditor's review of the CCCF Offender Verification Form and attachment reveals rape crisis hotline information (CIPS- both #05 and toll free number). Each incoming inmate signs for this information. Additionally, the relevant information and telephone numbers are readily available on posters throughout the facility.

According to the CCCF PCM, the afore-mentioned information is in the handout Facts You Should Know, provided to inmates during Intake. The auditor's review of the same reveals substantial compliance with 115.53(a).

Page 35 of the CCCF Offender Handbook reflects the telephone number for the Victim Advocate (VA) Line.

It is noted inmates are not housed at CCCF exclusively for civil immigration purposes as previously articulated in this report.

Eighteen of the 41 random inmate interviewees assert they know there are services available outside the facility for dealing with sexual abuse, if needed. However, the majority of interviewees could not identify what kind of services were represented. Mental health, victim advocacy, therapy, and counseling services were the most common services articulated when interviewees were able to cite available services. Five interviewees were able to articulate these services.

Five interviewees assert the information regarding addresses and telephone numbers for such services is made available to inmates in the Law Library, on bulletin boards, pursuant to contact with staff, the inmate informational channel on the CCTV system, PREA materials provided to inmates, and information is painted on the walls. Twenty of the 41 random inmate interviewees assert contact with staff from these services can be facilitated anytime while one interviewee asserts contact can be made whenever possible.

The two residents who reported sexual abuse interviewees assert there are services available outside the facility for dealing with sexual abuse however, they could not cite the nature of any of the same. One of the two interviewees asserts contact with staff from these services can be made anytime.

The auditor finds CCCF to be substantially compliant with 115.53(a). As reflected above, pursuant to documentation provided to inmates and other methods to educate oneself regarding available outside services, inmates clearly have many opportunities to be informed about this critical subject-matter.

Pursuant to the PAQ, the Warden self reports the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The Warden further self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(F)(3) addresses 115.53(b) in totality. CDOC Reg. No. 100-40 entitled PREP, page 26, section L(1)(b) also addresses 115.53(b). This policy stipulates as follows:

The facility shall provide offenders with access to outside victim advocates for emotional support services through the following:

Offenders can contact the rape crisis hotline at CIPS, number 05 or toll-free line at 800-809-2344. Offenders will be advised these calls are free, confidential, and are not recorded or monitored. The rape crisis advocates are mandatory reporters and are required to report threats of suicide or homicide and reports of child abuse to the OIG or appropriate agency.

Fourteen of the 41 random inmate interviewees assert telephone calls to staff from these services could be listened to or shared based on mandatory reporting issues such as law enforcement or self harm. Many of these interviewees also report they signed a document in Medical (upon Intake) which addresses the subject-matter articulated in 115.53(b). Approximately eight additional interviewees advise what they say to staff from these services remains private however, they advise monitoring would not occur.

Of the two inmates who reported an alleged sexual abuse interviewees, one asserts he can communicate with staff from such services in a confidential way. He signed a document in Medical addressing the subject-matter of 115.53(b).

As reflected above, inmates sign a CDOC form in Medical (during the Intake process) addressing limitations of confidentiality regarding communications with therapists. The document addresses qualifications and ex-

pectations relative to information with therapists. Accordingly, the auditor finds CCCF to be substantially compliant with 115.53(b).

Pursuant to the PAQ, the Warden self reports the facility maintains MOUs or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains copies of the agreement(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(F)(1) addresses 115.53(c) in totality.

The auditor's review of an MOU between CC and AVRC reflects commitment from AVRC to provide advocacy services to inmates who experience sexual assault at CCCF. The same appears to encompass the intent and requirements of 115.53(c).

The auditor finds CCCF to be substantially compliant with 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Pursuant to the auditor's review of the CC website, any inmate sexual abuse/sexual harassment reporter may report anonymously to the Warden (via letter). The facility address and name of the Warden are clearly documented on the website. Additionally, reporters may contact the National Sexual Assault Hotline and an additional CC Ethics Hotline [hosted by a third-party Hotline provider (number posted on the CC website)]. Reports can also be reported on-line to the CC Ethics Division. The Warden further self reports the facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

CDOC Reg. No. 100-40 entitled PREP, page 17, section d(3) addresses 115.54(a). This policy stipulates reports of sexual assault/rape, sexual abuse, sexual misconduct, and sexual harassment can be made by a third-party on behalf of an offender by calling DOC Tips Line, PREA reporting line, or mailing a letter to the PREA Administrator.

The auditor notes PREA Sexual Abuse/Sexual Harassment information is also painted on walls in the Visitation Area. Accordingly, reporting information is available to inmate visitors who may not have access to computers or who may not be computer literate.

The auditor's review of the CC and CDOC websites reveals option(s) for third-party reporting.

The auditor finds CCCF to be substantially compliant with 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? X Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? X Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
 any retaliation against inmates or staff who reported such an incident;
 Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CDOC Reg. No. 100-40 entitled PREP, page 18, section a(1-3) addresses 115.61(a).

The auditor's review of an alleged sexual abuse investigation reveals a delay in reporting the alleged abuse to supervisory staff. The incident was brought to staff's attention by a non-security staff member who reported the alleged incident to another non-security staff member. While the date of the alleged sexual abuse is unknown, the same was allegedly discovered on the day prior to reporting it to the appropriate officials by e-mail. Accordingly, a period of approximately 12 hours elapsed prior to proper reporting and follow-up.

Of note, the allegation was determined to be Unfounded by the CDOC OIG Investigator assigned to CCCF. However, given the timeline, the auditor finds CCCF to be non-compliant with 115.61(a). Specifically, the incident was not immediately reported as articulated above by the Warden. Furthermore, the incident was not reported to the Shift Commander.

In view of the above, the auditor is assigning a 180-day corrective action period. Accordingly, corrective action must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019.

To ensure the auditor is reasonably assured this deficiency has been corrected, the CCCF PCM will provide training to all staff regarding sexual abuse/sexual harassment allegation reporting procedures as articulated in CC and CDOC policy. Immediate reporting to the Shift Commander will be accentuated. The CCCF PCM will provide the auditor a copy of the training outline for inclusion in the audit file.

In addition to the above, the CCCF PCM will provide a copy of each sexual abuse/sexual harassment investigation to the auditor for review and determination regarding compliance with 115.61(a). Provision of investigations will commence with investigations completed subsequent to September 13, 2018. Once the auditor is convinced the proper reporting procedure is institutionalized, he may close the finding.

The auditor will review progress during the target 90-day period and if closure is warranted after the 90-day period, he will effect the same.

February 13, 2019 Update:

The auditor has been provided a lesson plan and Training Activity Enrollment/Attendance Rosters dated September 25 and 26, 2018 reflecting completion of Immediate Shift Commander Sexual Abuse/Harassment Reporting by 240 staff who have contact with inmates. All attendees printed their names and affixed their signature to these documents. The training was conducted during Staff Recalls.

April 22, 2019 Update:

The auditor's review of nine sexual abuse/harassment investigations initiated since September 15, 2018 reveals all allegations were referred to the shift commander in a timely manner. The shift commander was active in the investigation in each case. Based on the fact patterns of these investigations, it appears five of the allegations were sexual assaults, in nature.

In view of the above, the auditor is satisfied the practice of reporting to the shift commander immediately is satisfied. Accordingly, the auditor finds CCCF substantially compliant with 115.61(a).

It is noted none of the afore-cited policies reflect "immediate reporting" verbiage as applied in this context. Accordingly, policy should be amended to reflect the appropriate verbiage.

All 13 random staff interviewees assert the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Nine of the 13 interviewees assert notification is accomplished immediately to the Shift Commander.

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CDOC Reg. No. 100-40 entitled PREP, page 18, section d also addresses 115.61(b).
CDOC Reg. No. 100-40 entitled PREP, page 19, section l also addresses 115.61(c).

The Medical and Mental Health staff interviewees assert that at initiation of services to an inmate, they disclose the limitations of confidentiality and their duty to report. The same is governed by educational, professional and policy expectations. Both interviewees assert they report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Shift Commander immediately upon learning of the same. The Mental Health interviewee asserts he became aware of an alleged sexual abuse incident and he reported the same immediately to the Shift Commander, Investigator, and OIG.

CDOC Reg. No. 100-40 entitled PREP, page 19, section k also addresses 115.61(d).

The Acting Warden interviewee asserts no juveniles (under the age of 18) are housed at CCCF. Additionally, no significant medical or mental health cases are housed at CCCF pursuant to contract.

According to the CCPC, if an inmate under the age of 18 or a vulnerable adult is housed at a CC facility, he would ensure facility staff notify either Child Protective Services or Adult Protective Services or applicable agency, based on the situation.

CDOC Reg. No. 100-40 entitled PREP, page 18, section c also addresses 115.61(e).

The Acting Warden interviewee asserts all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to the facility Investigator.

In view of the above, the auditor finds CCCF to be compliant with 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports when the agency or facility learns an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (e.g. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the past 12 months, there was 0 instances wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.

CDOC Reg. No. 100-40 entitled PREP, page 5, section 3 addresses 115.62(a).

The Agency Head interviewee advises immediate isolation of the potential victim is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may be placed in Segregation status. The contractual requirements of the partner will dictate the ability to transfer both the potential victim and potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.

The Acting Warden interviewee asserts when learning an inmate is subject to substantial risk of imminent sexual abuse, the potential victim is removed from the danger zone and threshold questioning commences. Movement to a different unit, compound, or facility is then assessed.

Twelve of the 13 random staff interviewees assert the potential victim would be removed from the danger zone immediately. The remaining interviewee asserts he/she would accelerate rounds and observation to ensure safety. Notification of the Shift Commander is also essential.

The auditor finds CCCF to be substantially compliant with 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the past 12 months, there was 1 allegation received at the facility where an inmate was abused while confined at another facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section 14-2.3(M)(3)(a) addresses 115.63(a) in totality. CDOC Reg. No. 100-40 entitled PREP, page 19, section 3(a) also addresses 115.63(a).

The auditor's review of one e-mail reveals notification of the Warden at a County Jail regarding an alleged sexual abuse incident which occurred at that facility during December, 2017. The E-mail is absent information regarding date and to whom the e-mail was forwarded.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section 14-2.3(M)(3)(a) addresses 115.63(b) in totality. CDOC Reg. No. 100-40 entitled PREP, page 19, section 3(a) also addresses 115.63(b).

While the auditor's review of the afore-mentioned e-mail reveals that relevant information commensurate with 115.63(a) may have been forwarded to the Warden at the County Jail, there is no date on the same wherein compliance with 115.63(b) can be established. It appears the e-mail was copied into another e-mail.

In addition to the above, the auditor reviewed an Incident Report wherein another inmate articulated he was raped during a two-day period at another Colorado County Jail. The auditor has not been provided any evidence substantiating notification of the Warden at the County Jail regarding this incident that allegedly occurred during October, 2017.

Additionally, the Acting Warden advised the auditor of another incident wherein an inmate was allegedly sexually abused by staff at a another County Jail during October, 2017. It is noted the CDOC OIG Investigator made contact with the Sheriff at that facility approximately six days later, despite repeated attempts to contact the Sheriff on the date of the notification. This notification was documented by the CDOC OIG Investigator however, it is noted he is not a CC employee and therefore, the auditor finds such notification does not meet the intent of 115.63(a).

In view of the above, the auditor finds CCCF to be non-compliant with 115.63(a), (b) and (c). Accordingly, corrective action must be completed on or before May 10, 2019 however, resolution is targeted for completion on or before February 15, 2019.

To ensure the auditor is reasonably assured this deficiency has been corrected, the CCCF PCM will provide the auditor with copies of all such notifications as required by 115,63(b), throughout the 180-day corrective action period. Such notifications will include the written and dated notification to the Warden at the affected facility, any Incident Report(s) or investigations conducted at CCCF in conjunction with the report, and/or any staff memorandums or reports regarding such incidents. The auditor will retain these documents in the audit file.

The auditor will review progress during the target 90-day period and if closure is warranted after the 90-day period, he will effect the same.

April 22, 2019 Update:

The auditor's review of one requisite notification e-mail to a Warden at a sister facility dated March 14, 2019 clearly reveals compliance with 115.63(a), (b), and (c). Specifically, the sexual abuse incident that allegedly occurred at the other facility, was reported to CCCF staff on March 13, 2019. The e-mail was forwarded to the Warden at the other facility by the CCCF Warden.

In view of the above, the auditor finds CCCF substantially compliant with 115.63(a), (b), and (c).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section 14-2.3(M)(3)(c) addresses 115.63(c) in totality. CDOC Reg. No. 100-40 entitled PREP, page 19, section 3(a) also addresses 115.63(c).

Pursuant to the PAQ, the Warden self reports the facility requires allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The Warden further self reports in the past 12 months, 0 allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at CCCF.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section 14-2.3(M)(3)(d) addresses 115.63(d) in totality. CDOC Reg. No. 100-40 entitled PREP, page 19, section 3(b) also addresses 115.63(d).

The Agency Head interviewee advises if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call. Subsequent to receipt of such a call, the Warden would advise the facility Investigator to open an investigation. Dependent upon the circumstances, the Investigator would initiate an administrative investigation or contact the facility CDOC OIG Investigator to initiate a criminal investigation.

The Acting Warden interviewee asserts the PCM and Investigator initiate a full blown investigation of the incident whenever an allegation is received from another facility or agency that an incident of sexual abuse or sexual harassment occurred at CCCF.

In view of the above, the auditor finds CCCF substantially compliant with 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a first responder policy for allegations of sexual abuse. The Warden further self reports agency policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect the evidence;

3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, there were 5 allegations that an inmate was sexually abused. In three of these incidents, the first security staff member to respond to the report separated the alleged victim and abuser. In the past 12 months, there were 2 allegations where staff were notified within a time period that still allowed for the collection of physical evidence. In both of these incidents wherein staff were notified within a time period that still allowed for the collection of physical evidence, the first security staff member preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, and ensured the alleged abuser did not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

CDOC Reg. No. 100-40 entitled PREP, page 20, sections 1-3 and 7(b) addresses 115.64(a).

The auditor's review of an Incident Report dated March 2, 2018 reveals substantial compliance with 115.64(a). There was no defined victim or predator in the situation and accordingly, both inmates were separated, the crime scene was secured and preserved, and both inmates were advised not to take any actions that would destroy physical evidence.

The auditor's review of a CC First Responder card reveals substantial compliance with 115.264(a).

Two of the 13 random security first responder interviewees correctly identified the steps necessary for first responders. One random security interviewee asserted he would instruct both the victim and perpetrator not to destroy physical evidence. The one non-security first responder interviewee provided a somewhat accurate accounting regarding first responder steps to be taken as he asserted he would instruct the victim to not destroy physical evidence and ensure the perpetrator did not destroy physical evidence. Of note, the inaccuracies identified by both sets of interviewees center on "requesting" that the alleged victim not take any actions that could destroy physical evidence.

One of the two inmate interviewees who reported a sexual abuse asserts he reported a sexual harassment allegation, as opposed to, a sexual assault. The second interviewee asserts he was advised about the sexual assault by staff. The assault was determined pursuant to an investigation. The interviewee feels staff who first arrived on the scene acted expeditiously. Mental Health staff talked to him after he was advised of the sexual assault.

All interviewees were in possession of the previously mentioned CC card reflecting First Responder steps to be taken in the event of a sexual abuse allegation.

While the auditor does not find sufficient basis to find CCCF non-compliant with 115.64 based on the aforementioned issue and evidence, there is cause to re-train staff regarding the same. As all staff receive the same First Responder training, refresher training appears to be an appropriate remedy.

In view of the above, the CCCF PCM will ensure all staff receive training regarding the four steps to be employed by First Responders, emphasis added regarding "requesting" the victim to refrain from destroying physical evidence and "ensuring" the perpetrator does not destroy physical evidence. Of note, First Responder refresher training must be completed on or before January 25, 2019.

The CCCF PCM will provide a roster of all staff to the auditor and he will randomly select staff names. The CCCF PCM will provide training certifications substantiating provision of the relevant training for each selectee. Additionally, the CCCF PCM will provide a copy of the training syllabus to the auditor.

May 9, 2019 Update:

The auditor's review of individual participant signatures and dates for CDOC Orientation and PREA Refresher Training reveals completion of the same by 300 plus staff since October, 2018. The auditor's second review of the CDOC Power Point Presentation reveals staff instruct both victim and perpetrator not to destroy physical evidence [as described in 115.64(a)]. This differs from the verbiage of 115.64(a).

In view of the above, the auditor finds action has been taken to address the issue identified above.

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The Warden further self reports of the allegations made that an inmate was sexually abused within the last 12 months, 0 non-security staff members were the first responders.

CDOC Reg. No. 100-40 entitled PREP, page 20, sections 3 and 4 addresses 115.64(b).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CDOC Reg. No. 100-40 entitled PREP, page 20, sections III(A)(1-8) addresses 115.65(a).

The auditor's review of the PREA CCCF Coordinated Response Plan reveals a detailed and understandable document available to all staff.

The Acting Warden interviewee asserts the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan is detailed and well scripted to meet the needs of the facility. The plan is presented to staff during In-Service and Pre-Service training.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.65.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to PAQ documentation, the Warden relates there is no collective bargaining unit at CCCF.

The Agency Head interviewee advises there are five or fewer facilities under the CC umbrella that are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

The auditor finds CCCF to be substantially compliant with 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? X Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? X Yes No

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other staff and inmates. The Warden further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. At CCCF, the Chief of Unit Management (PCM) is designated as the Retaliation Monitor.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 11 through 23, section 14-2.3(G)(3) (a)(iii through vi) addresses 115.67(a) in totality. This policy stipulates monitoring at 30/60/90 day intervals with periodic status checks of both inmates and staff. Monitoring is documented on the Form 14-2D. Extension of retaliation monitoring is also addressed in this policy provision. CDOC Reg. No. 100-40 entitled PREP, page 5, section 3 also addresses 115.67(a).

CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section L(2) addresses 115.67(b).

According to the Agency Head interviewee, staff and inmates who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (inmates/staff), in addition to a 30/60/90 day formal review schedule. Staff charged with retaliation monitoring responsibilities follow disciplinary action(s), effectuation of housing unit changes, removal of perpetrator(s) from area of victim housing, transfer of alleged abuser(s), and change(s) in programming. In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration to the inmate safety equation.

The Acting Warden asserts every allegation is fully investigated. Alternative housing or housing on a different compound at CCCF, as well as, movement to another facility are considered. In regard to staff perpetrators, placement on Administrative Leave Without Pay, change of work assignment and/or work hours, and possible criminal prosecution, if warranted, are strategies that may be employed. In regard to the role he plays in preventing retaliation against inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations, the Retaliation Monitor asserts he talks to staff and inmates, implementing 30/60/90 day Retaliation Monitoring reviews. He checks on the inmate to see if he was involuntarily moved, whether he has an increase in disciplinary actions, whether he was fired from his work assignment, and/or whether he is withdrawing.

To protect inmates and staff from retaliation, the inmate may be moved to another pod/unit/ or compound. CDOC may be petitioned to move the inmate to another facility. Staff may be moved to another duty assignment and/or shift. He/She may be placed on Unpaid Administrative Leave or terminated from employment. The predator in any case would be moved.

The Retaliation Monitor interviewee asserts he initiates contact with inmates who have reported sexual abuse.

According to the CCCF PCM, no inmates were housed in Segregation, at the time of the on-site audit, for risk of sexual victimization or who alleged to have suffered sexual abuse. Accordingly, the inmate(s) housed in Segregated housing based on risk of sexual victimization/reporting a sexual abuse interview could not be conducted.

Both inmates who reported a sexual abuse interviewees assert they feel protected enough against possible revenge from staff or other inmates because of their report of what happened.

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

The policy discussion relevant to 115.67(c) is addressed in the narrative for 115.67(a), above. CDOC Reg. No. 100-40 entitled PREP, page 5, section 3 addresses 115.67(c). Additionally, CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section L and page 7, section L(6) address 115.67(c).

The auditor's review of the PREA Retaliation Monitoring Report reveals substantial compliance with 115.67(c). The document reflects monitoring at 30/60/90 day intervals and beyond if deemed appropriate and necessary. According to the CCCF PCM, he facilitates PREA monitoring at CCCF.

According to the Acting Warden, she pulls the victims into her office and evaluates potential or actual retaliation. She investigates the same and subsequently initiates strategies to address retaliation, if retaliation is validated. Those strategies are mentioned in the narrative for 115.67(b). Treatment and conduct are monitored for a minimum of 90 days with continuation beyond, if warranted. There is no maximum time frame for retaliation monitoring.

The auditor's review of seven 2018 investigations and Retaliation Monitoring documents reveals substantial compliance with 115.67(c). In four cases, the inmate was removed from CCCF however, retaliation monitoring was properly conducted until departure. One case was later determined to be Unfounded and accordingly, retaliation monitoring was terminated. In the last two cases, retaliation monitoring was continued to conclusion commensurate with the cited policies.

As reflected in the CC policy narrative reflected for 115.67(a), status checks with respect to retaliation monitoring are addressed. CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section L(1) also addresses 115.67(d).

The auditor does recommend documentation of check-ins with victims, on the afore-mentioned report. The relevant CC policy provision for 115.67(e) is addressed in the narrative for 115.67(a). CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section L(3) also addresses 115.67(e).

When an inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narrative for 115.67(b) above.

The CCCF PCM asserts within the last 12 months, there has not been any instances wherein another staff or inmate, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring.

In view of the above, the auditor finds CCCF substantially compliant with 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports 0 inmates alleged to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

CDOC Reg. No. 100-40 entitled PREP, page 22, section 2(b)(1-4) addresses 115.68(a).

The Acting Warden interviewee's statements regarding segregated placement for pre-/post-protective custody are reflected in the narrative for 115.43. The Acting Warden further asserts there were no recent (within the last 12 months) circumstances in which segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse. This is consistent with PAQ information. The staff who supervise inmates in segregated housing interviewee's statements regarding segregated placement for pre-/post-protective custody are reflected in the narrative for 115.43.

According to the CCCF PCM, there are no inmates currently confined in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse. Accordingly, this interview could not be conducted.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? X Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? X Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X Yes No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? X Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? X Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? X Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? X Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency investigations.

CDOC Reg. No. 100-40 entitled PREP, page 24, section b addresses 115.71(a).

The investigative staff interviewee asserts an investigation is commenced almost immediately following receipt of an allegation of sexual abuse or sexual harassment. If the allegation is received during regular business hours, he and the CDOC OIG Investigator commence the investigation, maximally, within 24 hours. If the allegation was received during non-regular business hours, he would report to the facility based on the circumstances. In regard to anonymous or third-party reports of sexual abuse or sexual harassment, the same are handled in the same manner as any other such allegation or any reporter.

The auditor's review of two investigations (one inmate-on-inmate situation discovered by staff during the course of conduct of duties on March 2, 2018 and one alleged-staff-on-inmate incident occurring on June 1, 2017) reveals substantial compliance with 115.271.

CDOC Reg. No. 100-40 entitled PREP, page 9, section 4(f) addresses 115.71(b).

The auditor's review of the CCCF PREA Investigator training records reveals he completed a three hour PREA Investigator training (Relias Learning). The auditor's review of the lesson plan from the PREA: Investigation Protocols course reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

The investigative staff interviewee self reports he did receive training specific to conducting sexual abuse investigations in confinement settings. Specifically, he completed the three hour RELIAS on-line training. Basically, the training entailed understanding the dynamics of sexually abused inmates in confinement.

CDOC Reg. No. 100-40 entitled PREP, page 25, section i and CDOC Reg. No. 1150-07 entitled Crime Scene Management and Criminal Evidence Handling, page 5 section E address 115.71(c).

The investigative staff interviewee self reports the initial steps in facilitating an administrative sexual abuse investigation and time frames associated with the same are as follows:

1. Talk to staff who conducted threshold questioning (10-15 minutes). The same may be accomplished from his vehicle as he is traveling to the facility during off-duty hours.
2. Review crime scene (30-60 minutes).
3. Interview victim (one to two hours).
4. May review video dependent upon findings of the steps articulated above (30-60minutes).
5. Review SVR/SAB tool (sexual victimization/aggressor screening tool) (30 minutes).

In addition to the above, the investigator continues by interviewing staff and inmate witnesses based on the above findings. As he assists with physical evidence collection only at the request and authorization of the CDOC OIG Investigator, he would not normally engage in such activity. Generally, the investigative interviewee and CDOC OIG Investigator then jointly interview the alleged perpetrator. Subsequently, he writes the administrative report.

According to the investigative interviewee, he collects and provides to the CDOC OIG Investigator, video, SAB/SVR documentation, and file documentation. Of note, file documentation is automatically available

to the CDOC OIG Investigator as he has access to the electronic on-line inmate files. The electronic on-line file system is actually a CDOC program.

CDOC Reg. No. 1150-07 entitled Crime Scene Management and Criminal Evidence Handling, page 5 section E(5) addresses 115.71(d).

The investigative interviewee asserts he does not facilitate compelled interviews. Rather, the same would be facilitated by the CDOC OIG Investigator. The OIG Investigator is also charged with responsibility for criminal referrals.

The auditor's review of a criminal investigative report (incident occurred at CCCF during the last 12 months) reveals the incident was referred for prosecution consideration by the CDOC OIG Investigator.

CDOC Reg. No. 100-40 entitled PREP, page 25, section i addresses 115.71(e).

The investigative interviewee self reports he assesses consistency in statements, observation of body language during the interview(s), and previous documented credibility assessments when assessing the credibility of an alleged victim, suspect, or witness. Generally, speaking, all are considered credible until proven otherwise. The interviewee further elaborates he would not, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device, as a condition for proceeding with an investigation.

The inmates who reported a sexual abuse interviewees assert they were not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

CDOC Reg. No. 1150-07 entitled Crime Scene Management and Criminal Evidence Handling, page 3 section D(3) addresses 115.71(f).

The investigative interviewee self reports he evaluates video, unit log books, and staff reports to evaluate whether staff actions or failure to act contributed to the sexual abuse. In terms of victim reporting, were there any communication breakdowns that played a role in the incident?

The interviewee self reports he does write administrative investigation reports in follow-up to completion of the investigative process. Information addressed in the report is outlined in the 115.71(c) narrative above. Additionally, a Findings section, as well as, Conclusion are added.

The auditor's review of a staff misconduct investigation details staff actions that factored into the sexual abuse of a resident finding. The inmate and staff statements formed a solid basis for substantiation of the case.

CDOC Reg. No. 100-40 entitled PREP, page 24, section d addresses 115.71(g).

The investigative interviewee self reports criminal investigations are documented. According to the interviewee, the report substantially resembles the administrative report in terms of content and format.

The auditor's review of criminal reports completed during the last 12 months confirms the information provided in the preceding sentences.

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The Warden further self reports zero substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section 14-2.3(O) addresses 115.71(h) in entirety. CDOC Reg. No. 100-40 entitled PREP, page 25, sections j and k also addresses 115.71(h).

The investigative interviewee self reports the CDOC OIG Investigator is responsible for referring cases for prosecution.

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

CDOC Reg. No. 100-40 entitled PREP, pages 15 and 16, section G(3) also addresses 115.71(i).

CDOC Reg. No. 100-40 entitled PREP, page 25, section I addresses 115.71(j).

According to the investigative interviewee, he proceeds with the administrative investigation whenever a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation. In actuality, the CDOC OIG Investigator follows up with the employee in such circumstances. The interviewee likewise self reports he continues with the investigation when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. The CDOC OIG Investigator and interviewee often facilitate further interviews, if necessary, at the new institution.

CDOC Reg. No. 100-40 entitled PREP, page 24, section c addresses 115.71(l).

The Acting Warden, CCCF PCM, and investigative interviewees advise the CDOC OIG Investigator is located on-site at CCCF. This is confirmed pursuant to PAQ documentation, as well as, auditor observation. As referenced throughout 115.71, the OIG Investigator and the investigative interviewee work closely with respect to all sexual abuse/harassment investigations and accordingly, communication regarding the status of investigations is well established. The CCPC relates, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. Designated facility staff follow-up with the outside agency on a schedule determined at the local level.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CDOC Reg. No. 100-40 entitled PREP, page 25, section j addresses 115.72(a).

The investigative staff interviewee asserts he employs no more than a preponderance of evidence standard to administratively substantiate allegations of sexual abuse or sexual harassment.

The auditor's review of the two investigations referenced in the narrative for 115.71(a) reveals substantial compliance with 115.72(a).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he suffered sexual abuse in an agency facility is informed verbally, or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports six criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months. The Warden reports all six alleged inmate victims were notified verbally, or in writing, upon completion of the sexual abuse investigation.

CDOC Reg. No. 100-40 entitled PREP, page 26, section L(2) also addresses 115.73(a).

The Acting Warden interviewee asserts facility staff notify an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The investigative staff interviewee asserts agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He advises that he doesn't handle the notifications rather, the CCCF PCM generally addresses the same.

One of the two inmates who reported a sexual abuse interviewees asserts he didn't know whether he received proper notification as required by 115.73(a). It is noted the auditor's review of the investigation and subsequent actions, as described in the following sentence, reveals compliance with both 115.73(a) and (c). This Notification pertains to the inmate interviewee mentioned above.

The auditor's review of two sexual abuse investigation packets reveals substantial compliance with 115.73(a),(c), and (e). In one case, the CCCF PCM issued a properly executed Inmate/Detainee PREA Allegation Status Notification to the victim, addressing the finding and notifying the inmate the employee was no longer employed at the facility. Of note, the inmate also signed and dated the same. In the other case, the investigation report reveals notification of the inmate regarding removal of a staff member from

the housing unit. Clearly, the inmate was verbally notified of the event. The notification was clearly documented.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The Warden further self reports 0 alleged inmate sexual abuse investigations were completed by an outside agency.

CDOC Reg. No. 100-40 entitled PREP, page 26, section L(2) also addresses 115.73(b).

According to the CCCF PCM, the CDOC OIG investigates all PREA allegations due to possible criminal implications. The CCCF Investigator conducts the administrative investigations however, they both do assist each other with investigations, working collaboratively.

As reflected in the narrative for 115.71, this close collaborative working relationship between the CDOC OIG Investigator and the CCCF Investigator provides for open exchange of information. Accordingly, the auditor is satisfied CCCF administrators are aware of the status of CDOC OIG criminal investigations throughout the process.

Pursuant to observation and interviews, the auditor finds the investigative arrangement articulated above to be accurate.

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

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

the staff member is no longer employed at the facility;

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

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

The Warden further self reports there has been one substantiated complaint (e.g. not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility within the past 12 months. According to the Warden, the agency subsequently informed the inmate victim whenever the staff member was no longer employed at the facility.

CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 6, section 2(a-c) addresses 115.73(c).

The afore-mentioned inmate who reported sexual abuse by staff asserts he was advised when the staff abuser was no longer employed at the facility.

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

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

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

CDOC Reg. No. 1150-18 entitled Offender Crime Victim Rights, page 5, section K(1) addresses 115.73(d).

The afore-mentioned interviewee asserts his situation entailed sexual abuse by a staff member.

The CCCF PCM asserts that of the five remaining inmate-on-inmate investigations, none of the alleged perpetrators have been indicted or convicted for sexual assault cases arising within the facility.

The basis for non-compliance with 115.73(d) and requisite corrective action is addressed in the narrative for 115.73(a).

Pursuant to the PAQ, the Warden self reports the agency has a policy that all notifications to inmates described under 115.73 are documented. The Warden further self reports in the past 12 months, six written notifications were provided to inmates.

Administrative Reg. No. 100-40 Implementation/Adjustments entitled PREP, section VI addresses 115.73(e).

The basis for non-compliance with 115.73(e) and requisite corrective action is addressed in the narrative for 115.73(a).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. CDOC Reg. No. 100-40 entitled PREP, page 7, section c addresses 115.76(a).

Pursuant to the PAQ, the Warden self reports 0 facility staff have violated agency sexual abuse or sexual harassment policies during the last 12 months. However, pursuant to the auditor's further review of PAQ information, one sexual misconduct case was discovered. That employee's employment was terminated.

CDOC Reg. No. 100-40 entitled PREP, page 7, section c addresses 115.76(b).

The auditor's review of the above investigation regarding a staff-on-inmate sexual misconduct matter reveals the employee's employment at CCCF was terminated. The matter was jointly investigated by the CCCF Investigator and the facility CDOC OIG investigator and the same was referred for prosecution by CDOC OIG. The auditor's review of employment termination documentation confirms the action taken against the employee.

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Warden further self reports in the past 12 months, 0 facility staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CDOC Reg. No. 100-40 entitled PREP, page 7, section f addresses 115.76(c).

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the past 12 months, 0 staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. As reflected above, the auditor's review of PAQ documentation reveals one staff-on-inmate incident was referred for prosecution. The auditor has not been provided, nor has he discovered, any incidents or investigations wherein reporting to licensing bodies was necessitated as the result of this provision.

CDOC Reg. No. 100-40 entitled PREP, page 7, section g addresses 115.76(d).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? X Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? X Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

CDOC Reg. No. 100-40 entitled PREP, page 7, sections d and h addresses 115.77(a). Pursuant to section h, the appropriate director or designee will make notification to the licensing body within 30 days.

Pursuant to the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CDOC Reg. No. 100-40 entitled PREP, page 7, section d addresses 115.77(b).

The Acting Warden interviewee asserts in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the individual's privileges would be revoked pending the outcome of an investigation. The individual would no longer be granted access to the facility and consequently, inmates. Such a scenario has not presented within the last 12 months.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? X Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? X Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? X Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? X Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? X Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.

In the past 12 months, there were 0 administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. Similarly, there were 0 criminal findings of guilt for inmate-on-inmate sexual abuse that occurred within the facility during the past 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 14-2.3(R)(1)(a)(i and ii) addresses 115.78(a), in entirety.

According to the PAQ documentation, there has been no incidents of disciplinary sanctions imposed on offenders during the past 12 months for substantiated inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse, nor for inmate-staff sexual contact/abuse.

CDOC Reg. No. 150-01 entitled Code of Penal Discipline (COPD), page 19, section o(1)(a) addresses 115.78(b).

The Acting Warden interviewee asserts loss of privileges and 15 days of Restricted Housing are examples of sanctions available following a Code of Penal Discipline Hearing wherein the inmate was administratively or criminally determined to have engaged in inmate-on-inmate sexual abuse. The sanctions are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the sanctions imposed for similar offenses by other inmates with similar histories. Additionally, mental disability or mental illness is considered when determining sanctions.

CDOC Reg. No. 150-01 entitled Code of Penal Discipline (COPD), page 19, section n(1)(b) addresses 115.78(c).

Pursuant to the PAQ, the Warden self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 14-2.3(R)(1)(c) addresses 115.78(d) in entirety.

The mental health staff interviewee asserts the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. Staff do consider whether to offer these services to the offending inmate however, staff do not force these services on the inmate.

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

CDOC Reg. No. 100-40 entitled PREP, page 6, section B(2) addresses 115.78(e).

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

CDOC Reg. No. 100-40 entitled PREP, page 17, section b also addresses 115.78(f).

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

CDOC AR 100-40 entitled PREP, page 6, section B(1and 2) addresses 115.78(g).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? X Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? X Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening.

In the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CDOC Reg. No. 100-40 entitled PREP, page 10, section 2b and page 12, section E(4) addresses 115.81(a/c). CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, page 4, section B(2) also addresses 115.81(a/c).

The auditor's review of a Condensed Health Services Encounter dated May 7, 2018 and a Health Services Encounter Form regarding a potential victim reveals substantial compliance with 115.81(a/c). The inmate's PREA Intake activities are clearly documented, inclusive of narrative regarding items specifically discussed. Intake was facilitated on May 7, 2018. Another Health Services Encounter was facilitated on May 16, 2018 subsequent to a referral. Again, documentation appears to be thorough and commensurate with the provisions.

One of the two inmates who disclosed sexual victimization during screening interviewees, asserts he was asked if he wanted to meet with a medical or mental health care practitioner, subsequent to reporting he was sexually abused during sexual victimization screening at Intake. He asserts he met with mental health staff one month subsequent to reporting the abuse. The auditor's review of relevant follow-up documentation reveals the relevant meeting occurred in 10 days from Intake and referral. The other interviewee asserts he arrived at CCCF on September 10, 2018 and was asked regarding the above subject-matter. The auditor's review of his initial medical/mental health screening reveals he responded he had not been victimized nor did he engage in sexually abusive behavior and accordingly, there was no basis for a follow-up meeting. Of note, the inmate's statement, as reflected in the preceding sentence, followed the initial Abusiveness/Aggressor screening.

Of note, one additional inmate, identified as reporting a sexual abuse incident during Intake, denied the same when interviewed and accordingly, the auditor did not ask the relevant questions. The documents referenced above (relevant to this inmate) clearly reflect sexual victimization and follow-up by mental health staff. The inmate arrived at CCCF on May 7, 2018, he received mental health screening on the same date, and he was subsequently seen by mental health staff on May 16, 2018 for a follow-up appointment.

Both staff who perform screening for risk of victimization and abusiveness interviewees assert if a screening indicates an inmate has experienced prior sexual victimization whether in an institutional setting or in the community, they offer a follow-up meeting with a medical and/or mental health practitioner. The meeting is offered immediately however, the conduct of the same is triggered by an e-mail to the Health Services Administrator (HSA). He/she works with medical/mental health practitioners to schedule the same.

Pursuant to the PAQ, the Warden self reports that all inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening.

Reportedly, during the last 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Men-

tal health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CDOC Reg. No. 100-40 entitled PREP, page 10, section 2b and page 12, section E(4) addresses 115.81(b). CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, page 4, section B(2) also addresses 115.81(b).

One of the staff who performs screening for risk of victimization and abusiveness interviewees asserts if a screening indicates that an inmate previously perpetrated sexual abuse, he offers a follow-up meeting if requested by the inmate. The other interviewee asserts she does offer such a meeting if a screening indicates that an inmate previously perpetrated sexual abuse. Again, this request would be e-mailed to the HSA and he/she would schedule the same.

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

CDOC Reg. No. 100-40 entitled PREP, page 10, section c addresses 115.81(d). Of note, this policy provision reiterates the information provided in the preceding paragraph.

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, AR Form 700-03C, paragraph I addresses 115.81(e).

The auditor's review of a completed CDOC Mandatory Disclosure and Information for Behavioral Health Clients form reflects verbiage regarding informed consent commensurate with 115.81(e). This document is signed and dated by the affected inmate and a staff witness. In this particular case, an alleged sexual abuse occurred at another facility and prior to disclosure of the same, the form was executed.

The mental health staff interviewee acknowledges he does obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. This practice is driven by professional and policy expectations. He also asserts no inmates under the age of 18 are housed at CCCF.

In view of the above, the auditor finds CCCF substantially compliant with 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
X Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The auditor's review of a CDOC Clinical Services document entitled Clinical Standards and Procedures addresses 115.81(a) at page 1, section I(C)(1-3).

The auditor's review of a potential sexual abuse incident discovered on March 2, 2018 reflects substantial compliance with 115.82. First Responder duties and removal of the potential victim and perpetrator from the crime scene within five minutes of discovery are representative of such compliance. The potential victim was removed to Medical where he was subsequently examined and interviewed by a nurse and Mental Health staff. Findings were thoroughly documented in Condensed Health Services Encounter documents.

It appears assessment was timely throughout the encounter.

Both medical and mental health staff interviewees assert inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Services are provided as soon as the inmate is brought to the Medical Department. Mental Health staff may be on-call (non-regular business hours) and when notified, dependent upon the circumstances, may report to the

facility. More than likely, mental health staff would report to the facility. Educational, professional, and policy drive responsiveness and determination of the scope of services rendered.

As previously reflected above, one of the two inmates who reported a sexual abuse at CCCF interviewees, reported an apparent sexual harassment incident. He did not see medical/mental health practitioners subsequent to reporting. The other interviewee asserts he did see medical/mental health practitioners subsequent to reporting.

CDOC Reg. No. 100-40 entitled PREP, page 20, section 7 addresses 115.82(b). The auditor's review of a CDOC Clinical Services document entitled Clinical Standards and Procedures addresses 115.81(b) at page 1, section I(B).

Staff training regarding First Responder duties is reflected in the narrative for 115.31 and implementation is further addressed in the narrative for 115.64.

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The auditor's review of a CDOC Clinical Services document entitled Clinical Standards and Procedures addresses 115.81(c) at page 3, section J(1)(a).

The medical interviewee asserts victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. According to the interviewee, she is reasonably assured this information is provided at the hospital by the SANE Nurse.

The one inmate who reported a sexual abuse interviewee asserts he was not provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis. Of note, he was not provided a SANE examination based on the circumstances of the sexual assault.

Pursuant to the PAQ, the Warden self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CDOC Reg. No. 100-40 entitled PREP, page 22, section J(1)(e) addresses 115.82(d). The auditor's review of a CDOC Clinical Services document entitled Clinical Standards and Procedures addresses 115.81(d) at page 3, section J(2).

Of note, no concerns were voiced throughout the audit process regarding victim payment of medical costs and fees associated with a sexual abuse incident.

In view of the above, the auditor finds CCCF substantially compliant with 115.82.

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

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

115.83 (a)

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

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? X Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No X NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No X NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? X Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? X Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

CDOC Reg. No. 700-02 entitled Medical Scope of Service, page 6, section 11 and CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, page 6, section 16 address 115.83(a).

CDOC Reg. No. 700-02 entitled Medical Scope of Service, page 6, section 11 and CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, page 6, section 16 address 115.83(b).

According to the medical staff interviewee, evaluation and treatment of sexual abuse victims entails provision of support, education, taking vitals, external visual check of clothing and exposed skin spots for rectal bleeding and visible body bruising. A gentle approach is critical in such situations. The mental health staff interviewee asserts he would triage the case with a "deep dive" into mental history. Based on the conversation, he would simultaneously assess. His primary goal would be provision of comfort.

Given the circumstances of the two cases wherein inmates reported alleged sexual abuse, neither could effectively respond as to whether the medical or mental health doctor/nurse discussed with them follow-up services, treatment plans, or any, if necessary, referrals for continued care. One allegation was actually sexual harassment, in nature and with the other incident, the victim could not recall.

The auditor's review of a substantiated investigation of sexual abuse reveals substantial compliance with 115.83. The resident was properly assessed on the date staff became aware of the alleged abuse (July 6, 2018) and again on July 13, 2018. At the latter follow-up, the inmate was advised regarding follow-up counseling services and support pursuant to AVRC. According to documentation provided to the auditor, the inmate declined such services.

Auditor's Note: The investigation and follow-up documentation referenced in the preceding paragraph actually involves the second inmate who reported an alleged sexual abuse interviewee.

CDOC Reg. No. 700-02 entitled Medical Scope of Service, page 6, section 11 and CDOC Reg. No. 700-03 entitled Mental Health Scope of Service, page 6, section 16 address 115.83(c).

Both medical and mental health staff interviewees assert medical and mental health services offered are commensurate with the community standard of care.

Pursuant to the PAQ, the Warden self reports 115.83(d) is not applicable to CCCF as only male inmates are housed at the facility.

Pursuant to the PAQ, the Warden self reports 115.83(e) is not applicable to CCCF as only male inmates are housed at the facility.

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CDOC Reg. No. 100-40 entitled PREP, page 21, section J(1)(a) addresses 115.83(f).

Auditor's Note: Given the circumstances of the two cases wherein inmates were allegedly the victims of sexual abuse, neither interviewee could effectively respond as to whether they were offered tests for sexually transmitted infections. One allegation was actually sexual harassment, in nature, and in the other incident, the victim asserted he was not provided tests for sexually transmitted infections. In the second scenario, penetration reportedly did not occur as time frames did not allow for collection of physical evidence by a SAFE/SANE Nurse. Additionally, the record reflects the CDOC OIG Investigator asserted a SAFE/SANE Nurse forensic examination was not warranted under the circumstances.

The auditor's review of evidence reveals treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CDOC Reg. No. 100-40 entitled PREP, page 22, section J(1)(e) addresses 115.83(g).

As reflected in the narrative for 115.83(f), one of the alleged sexual abuse incident fact patterns was synonymous with sexual harassment while in the other case, a forensic examination was not conducted in view of elapsed time frames.

Pursuant to the PAQ, the Warden self reports the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

CDOC Reg. No. 100-40 entitled PREP, page 10, section 10 addresses 115.83(h).

According to the mental health staff interviewee, the Mental Health Supervisor pre-screens every incoming inmate for the incidence of inmate-on-inmate predatory sexual assaults. Evaluations are assigned prior to the inmate's arrival at the facility.

The auditor's review of 24 (12 conducted in 2017 and 12 conducted in 2018) Health Services Encounter documents relative to inmate Intake Mental Health/Medical Screenings reveals substantial compliance with 115.83. These documents memorialize the inmate's understanding of PREA information provided during Intake and Informed Consent. Additionally, the documents reflect questions regarding prior sexual victimization and sexual abuse perpetrated in either a prison or community setting. Finally, a preliminary diagnosis as to further mental health treatment, is documented within the document. Of note, a plethora of mental health issues and conditions are addressed pursuant to completion of this document.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? X Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? X Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? X Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? X Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports in the last 12 months, four criminal and/or administrative investigations of alleged sexual abuse were completed at the facility. However, based on the auditor's review, records reflect six such investigations were completed at CCCF.

CDOC Reg. No. 100-40 entitled PREP, page 27, section N(1)(b) addresses 115.86(a).

The auditor's review of sexual abuse investigations conducted at CCCF during the last 19 months reveals evidence of Sexual Abuse Response Team (SART) reviews being conducted in five of eight instances. The SART review reports were completed in a timely manner pursuant to both policy and PREA standard requirements. Reports were comprehensive, addressing all requested issues as defined at 115.86, inclusive of additional narrative for clarification. The composition of the review team was also acceptable.

While the auditor finds this to constitute substantial compliance with requisite standard provisions, CCCF staff must ensure completion of SART reviews in all applicable cases, also ensuring maintenance of reports.

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports in the past 12 months, four criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

CDOC Reg. No. 100-40 entitled PREP, page 27, section N(1)(b)(1) addresses 115.86(b).

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CDOC Reg. No. 100-40 entitled PREP, page 27, section N(1)(b)(3) addresses 115.86(c).

According to the Acting Warden, CCCF has a sexual abuse incident review team (SART). The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the PAQ, the Warden self reports the facility prepares a report of its findings from SART reviews, including, but not necessarily limited to, determinations made regarding the following:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including, but not necessarily limited to, determinations made pursuant to the above and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

CDOC Reg. No. 100-40 entitled PREP, page 27, section N(1)(b)(4)(a-e) addresses 115.86(d). CC CDOC Reg. No. 100-40 Administrative Regulation Implementation/Adjustments entitled PREA, section VII also addresses 115.86(d). This policy stipulates the report will be prepared on the Form 14-2F and will be forwarded to both the Warden and CCPC.

The Warden asserts the team uses the information from the sexual abuse incident review to identify any needed operational changes, physical plant/staffing/video surveillance/institutional schedule updates/changes, and training needs. All of the afore-mentioned considerations are intended to strengthen inmate sexual safety at CCCF.

The CCCF PCM asserts SART reviews are conducted at CCCF and a report is prepared of the findings from the review, inclusive of any determinations as reflected above. The CCCF PCM asserts he prepares the reports. He has not noted any actual trends. Most incidents occur in cells. In the event recommendations are identified pursuant to the SART process, attempts are made to implement the same and if not implemented, the reason(s) for non-implementation is/are documented.

The auditor also interviewed the Acting Warden as a SART member. She confirmed all of the above issues are considered by the team during the SART review process.

Pursuant to the PAQ, the Warden self reports the facility implements the recommendations for improvement or documents its reason for not doing so.

CDOC Reg. No. 100-40 entitled PREP, page 28, section N(1)(b)(4)(f) addresses 115.86(e).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? X Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? X Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? X Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No X NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No X NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Warden further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

CC Policy 5-1 entitled Incident Reporting, page 17, section L addresses 115.87(a/c). This policy stipulates responsibility for data collection from the IRD system rests with the CC Facility Support System (FSC) Quality Assurance Department, who will ensure that all necessary reports from the system are generated accurately and timely.

The auditor's review of the 2016 SSV reflects substantial compliance with 115.87(a)/(c). Data was complete as reflected on the SSV.

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

CDOC Reg. No. 100-40 entitled PREP, page 16, section G(4) addresses 115.87(b). CC Policy 5-1 entitled Incident Reporting, page 17, section L also addresses 115.87(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2016 and 2017 reveals annual aggregation of incident-based sexual abuse data for CCCF.

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CDOC Reg. No. 100-40 entitled PREP, pages 15 and 16, sections G(2) and G(4) addresses 115.87(d). CC Policy 14-1 entitled Incident Reporting, page 17, section O and O(1)(b) also addresses 115.87(d).

The auditor has learned CCCF does not contract with any other private facilities for the confinement of any inmates designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) to be non-applicable to CCCF.

Pursuant to the PAQ, the Warden self reports the Department of Justice has not requested aggregated data from the previous calendar year and accordingly, the auditor finds 115.87(f) to be non-applicable to CCCF.

In view of the above, the auditor finds CCCF to be substantially compliant with 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse X Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? X Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? X Yes No

Auditor Overall Compliance Determination

- X **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CDOC Reg. No. 100-40 entitled PREP, page 28, section 2(d) addresses 115.88(a).

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period. Monthly, a report of PREA related incidents details frequency, location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, Corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates at CC facilities. The auditor finds CCCF to exceed 115.88(a) in view of the above.

The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and train-

ing. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited.

Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the Investigator's Office. The auditor observed these processes throughout the on-site audit.

The CCPC further advises the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The CCCF PCM asserts Corporate staff (Senior Director PREA) maintains electronic reports generated by facility staff regarding sexual assault/sexual harassment investigations and SART reviews. Corporate staff also collate said information for inclusion in the Annual PREA Report.

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2016 and 2017 corporate cumulative annual report reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2014, 2015, 2016, and 2017. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the year, are discussed in the annual report. Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CDOC Reg. No. 100-40 entitled PREP, page 28, section 2(d) addresses 115.88(b).

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the agency head.

CDOC Reg. No. 100-40 entitled PREP, page 28, section 2(d) addresses 115.88(c).

The auditor's review of the afore-mentioned 2016 and 2017 annual reports clearly reflects the CC Chief Corrections Officer approves the report as the cover memorandum bears his signature. The auditor verified the report, in question, is posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of the material redacted.

CDOC Reg. No. 100-40 entitled PREP, page 28, section 2(d) addresses 115.88(d).

According to the CCPC interviewee, CC rarely redacts information from aggregated reports, etc. All data is collected in generic fashion.

In view of the above, the auditor finds CCCF exceeds standard expectations of 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.

CC Policy 1-15 entitled Retention of Records, page 3, section D(1 and 2) and CC Policy 5-3 entitled Information Systems, page 3, section B(1) and (2)(a and b) address 115.89(a). It is noted the CCPC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a), above. The same statement applies to perpetual secure retention of data on an annual basis since the date of the last PREA audit.

Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

CDOC Reg. No. 100-40 entitled PREP, page 16, section G(5) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website.

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CDOC Reg. No. 100-40 entitled PREP, page 16, section G(5) addresses 115.89(c).

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CDOC Reg. No. 100-40 entitled PREP, pages 15 and 16, section G(3) addresses 115.89(d). However, according to the CCCF PCM, the facility adheres to the CC standard for retention which is commensurate with 115.89(d).

In view of the above, the auditor finds CCCF to be substantially compliant with 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) X Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? X Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
X Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

No comments.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

No comments.

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.

Auditor Instructions:

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

K. E. Arnold

May 9, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.