Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities

☐ **Interim** ☒ **Final**

Date of Report 12/19/2020

Auditor Information

Name: Maren Arbach	**Email:** fcc@midco.net
Company Name: Fidelity Correctional Consulting, LLC	
Mailing Address: PO Box 7203	**City, State, Zip:** Bismarck ND 58507-7203
Telephone: 701-214-8660	**Date of Facility Visit:** 10/12/2020

Agency Information

Name of Agency: CoreCivic	**Governing Authority or Parent Agency** *(If Applicable)*: Click or tap here to enter text.
Physical Address: 5501 Virginia Way Suite 110	**City, State, Zip:** Brentwood TN 37027
Mailing Address: same as above	**City, State, Zip:** same as above

The Agency Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Damon Hininger, President and Chief Executive Officer	
Email: Damon.Hininger@corecivic.com	**Telephone:** 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric Pierson, Senior Director, PREA Compliance and Programs	
Email: eric.pierson@corecivic.com	**Telephone:** 615-263-6915
PREA Coordinator Reports to: Steven Conry, Vice President, Operations Administration	**Number of Compliance Managers who report to the PREA Coordinator:** 65 indirectly

Facility Information

Name of Facility: Centennial Community Transition Center (CCTC)

Physical Address: 14485 East Fremont Ave	**City, State, Zip:** Click or tap here to enter text.
Mailing Address (if different from above): Click or tap here to enter text.	**City, State, Zip:** Click or tap here to enter text.

The Facility Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Website with PREA Information: https://www.corecivic.com/facilities/centennial-community-transition-center

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.

Facility Director

Name: Jennifer Tegart	
Email: Jennifer.Tegart@corecivic.com	**Telephone:** 720-616-9242

Facility PREA Compliance Manager

Name: Jennifer Tegart	
Email: Jennifer.Tegart@corecivic.com	**Telephone:** 720-616-9242

Facility Health Service Administrator ☒ N/A

Name: Click or tap here to enter text.	
Email: Click or tap here to enter text.	**Telephone:** Click or tap here to enter text.

Facility Characteristics	
Designated Facility Capacity:	107
Current Population of Facility:	78
Average daily population for the past 12 months:	84
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	18+
Average length of stay or time under supervision	195 Days
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	159
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	155
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	143
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☒ Yes ☐ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☒ State or Territorial correctional agency ☐ County correctional or detention agency ☒ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☐ N/A
Number of staff currently employed by the facility who may have contact with residents:	16
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	0
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	16
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes ☒ No
Are mental health services provided on-site?	☐ Yes ☒ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☒ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☒ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A

Audit Findings

Audit Narrative

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

The onsite portion of the PREA audit for Centennial Community Transition Center (CCTC) was conducted on 10/13/2020 by certified PREA Auditor Maren Arbach.

Due to the COVID Pandemic, several of the staff interviews were conducted prior to the auditor coming onsite. Interviews were attempted utilizing Skype but, due to multiple connection issues and calls being dropped, the interviews were conducted via phone.

The first day onsite, the auditor met with facility management and then conducted a walkthrough of the facility. All areas of the facility were observed with special notes being made of camera placement, potential blind spots, and posters within the facility.

Following the walk though, resident interviews and the remaining staff interviews were conducted. Ten Facility staff were selected and interviewed. All staff were aware of the PREA requirements as well as any specialized questions that pertained to their position.

Forensic examinations are not conducted within the facility. The agency has a MOU with St. Anthony North Neighborhood Center. The agency also has an MOU with The Blue Bench for advocacy services.

The facility currently employs one staff who is trained as a PREA Investigator. Criminal investigations are referred to the Arapahoe County Sheriff's Department.

Sixteen residents were interviewed during the onsite portion of the audit. The facility housed one transgender female resident and one physically disabled resident who were selected for a targeted interview. The other 14 interviews were randomly selected.

During the reporting period for the audit, the facility has not received any allegations of sexual abuse or harassment.

Facility Characteristics

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

The Centennial Community Transition Center (CCTC) is located at 14485 E Fremont Avenue, Englewood, Colorado. It is located in a commercial area of the community. The facility is operated by CoreCivic and

houses minimum security male residents. Due to the pandemic, they are currently operating at a maximum capacity of 80 residents.

CCTC has 16 staff employed by the facility. There are currently three security shifts (8:00 AM – 4:00 PM, 4:00 PM – 12:00 AM, 12:00 AM – 8:00 AM.)

Upon entry into the building, the monitor desk is located directly adjacent from the door. Residents can sign into and out of the building via kiosks located near the monitor desk.

To the left of the monitor desk is a large dayroom and kitchen. There are doors leading to an outdoor area where there is weight equipment and seating.

The facility has 16 dorm-style rooms. Fourteen of these rooms are located along a hallway adjacent to the dayroom. The rooms house between two to ten residents. Each room has a solid door and there is a posting reminding staff to knock and announce. The other two dorm rooms are located in the hallway to the right of the monitor desk.

The facility does not have medical or mental health staff. Forensic examinations are conducted at St. Anthony's North Neighborhood Center.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.211(a)
Centennial Community Transition Center (CCTC) utilizes policy 14-2 CC, Sexual Abuse Prevention and Response, to outline their efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This policy states in the opening, "CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be

tolerated; to include resident-on-resident sexual abuse or harassment and employee-on-resident sexual abuse or harassment."

115.211(b)
CoreCivic employs an upper-level, agency-wide PREA coordinator. Mr. Eric Pierson is the PREA Coordinator whose official title is Senior Director, PREA Programs and Compliance. This position reports directly to the Vice President of CoreCivic, which indicates sufficient authority to oversee the PREA efforts.

Mr. Pierson reported he has sufficient time and authority to develop and oversee the agency PREA compliance efforts. Mr. Pierson completed his PREA auditor certification on February 9, 2015, which enables him to thoroughly understand the standards and the guidance from the PREA Resource Center. (Auditor certification was verified through the list of certified auditors on the PREA Resource Center website.)

Mr. Pierson works with each facility to address any compliance concerns that surface as well as schedules and helps to prepare for each PREA audit.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) ☐ Yes ☐ No ☒ NA

115.212 (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 residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic is a private corporation who is the applicable agency for the purpose of this audit. They do not contract with any agencies to confine their inmates.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- ☒ Yes ☐ No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? ☒ Yes ☐ No

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

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

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

115.213 (b)

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

115.213 (c)

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

Policy 14-2 CC states, "FSC (Facility Support Center) will develop, in coordination with the facility, a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:

a. The physical layout of each facility;
b. The composition of the resident population;
c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

d. Any other relevant factors."

Included in the pre-audit documentation, the auditor was provided with a copy of the Annual PREA Staffing Plan Assessment that was conducted by former Facility Director/PREA Compliance Manager Arik Yox dated 07/05/2020. Additionally, the auditor was provided with a copy of the Annual PREA Staffing Plan Assessment that was conducted by Facility Director/PREA Compliance Manager Arik Yox dated 12/17/2019. This staffing plan was reviewed and signed by the Senior Director of PREA Programs and Compliance on 12/18/20019.

The facility schedule shows they run three shifts. The day shift runs from 8:00 am to 4:00 pm. The swing shift runs from 4:00 pm to midnight. The graveyard shift runs from midnight to 8:00 am. The highest concentration of staff is on during the hours when the most residents are in the facility.

115.213(b)
Policy 14-2 CC states, "The facility shall make its best effort to comply, on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. Deviations shall be documented and notification made on the 51B Notice to Administration via the Incident Reporting Database (IRD). The Shift Supervisor is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift roster. If a position identified on the Staffing Plan is vacated for a shift, the Shift Supervisor shall notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager shall: a. Document and describe the deviation on the 5-1B Notice to Administration via the IRD, along with a thorough justification for the deviation; and b. Notify the FSC PREA Coordinator of the deviation within seven (7) calendar days; to include a description of any corrective actions that were taken to resolve the deviation."

Interviews will facility staff indicated there have not been deviations from the staffing plan and that they would document them if one should occur.

115.213(c)
Policy 14-2 CC states, "Whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA staffing plan assessment will be completed.
a. In conjunction with the PREA Coordinator, the Administrator/Director and the PREA Compliance Manager will complete the 14-2I-CC Annual PREA Staffing Plan Assessment. Upon completion, the 14-2I-CC Annual PREA Staffing Plan Assessment will be forwarded to the FSC PREA Compliance Coordinator.
b. In consultation with the respective Vice President/designee, the FSC PREA Coordinator shall assess, determine, and document whether adjustments are needed to:
i. Prevailing staffing patterns;
ii. The staffing plan established pursuant to this section;
iii. The facility's deployment of video monitoring systems and other monitoring technologies; and
iv. The resources the facility has available to commit to ensure adherence to the staffing plan.
c. Any changes to policy and/or procedure, physical plant, approved capital expenditures, video monitoring and/or technology, or staffing require the approval of the respective Business Unit Vice President."

Included in the pre-audit documentation, the auditor was provided with a copy of the Annual PREA Staffing Plan Assessment that was conducted by former Facility Director/PREA Compliance Manager Arik Yox dated 07/05/2020. Additionally, the auditor was provided with a copy of the Annual PREA Staffing Plan Assessment that was conducted by Facility Director/PREA Compliance Manager Arik Yox

dated 12/17/2019. This staffing plan was reviewed and signed by the Senior Director of PREA Programs and Compliance on 12/18/20019.

The staffing plan considers the gender, custody level, and number of residents within the population. In addition, the plan indicates video monitoring in strategic locations throughout the facility. While onsite, the auditor noted cameras in all potential blind spots/areas where sexual abuse could occur. If the area was not directly monitored by a camera, such as a bathroom, there is camera monitoring of the areas directly outside of the area that would monitor all who entered and exited the area.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

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

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

115.215 (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 residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

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

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

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

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

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

115.215 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.215(a)(b)(c)
Policy 14-2 CC states, "Cross-gender resident strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners."

Interviews with residents and auditor observations confirmed facility staff do not conduct cross-gender strip searches or visual body inspections.

115.215(d)
Policy 14-2 CC states, “Residents may 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 (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine living quarter checks. Employees of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.”

During the onsite portion of the auditor, it was observed the shower/changing areas would provide adequate privacy for all residents who utilize them. In addition, the rooms are situated along a main hallway. When staff is conducting a round in these areas, they are consistently knock on the door prior to entry. As a reminder, the facility administration has installed signs on the doors stating, “Opposite Gender Must Announce Upon Entry.” The residents would have ample opportunity to be able to cover themselves prior to any staff entering the area.

115.215(e)
Policy 14-2 CC states, “Searches or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status is prohibited. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” It also states, “Transgender and intersex residents shall be given the opportunity to shower separately from other residents.”

During the onsite portion of the audit, there was one transgender female housed within the facility. She indicated feeling safe being housed at CCTC. She reported she was offered to shower alone but stated she declined.

During staff interviews, the staff indicated they would never perform a search to determine the genital status of a resident.

115.215(f)
The curriculum for Search Procedures was reviewed prior to coming onsite. This curriculum covered all requirements of this standard. Training rosters for existing facility staff were reviewed. All staff have been trained following the curriculum.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? ☒ Yes ☐ No

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

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

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

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

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

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

115.216 (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 residents who are limited English proficient? ☒ Yes ☐ No

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.216(a)
Policy 14-2 CC states, "Residents will be provided education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills."

Included with the pre-audit questionnaire information was an agreement between CoreCivic and North American Master Services for over the phone interpreter services.

Also included was a memo from the former CCTC director which includes a list of current CCTC staff who are able to interpret Spanish.

115.216(b)
Policy 14-2 CC states, "In the event that a resident has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively

communicated to such residents on an individual basis. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written or oral communication is not effective."

All resident information pertaining to the facility's efforts towards sexual safety are available in both English and Spanish. If a resident would have issues with understanding this information, facility staff would work with the resident to ensure understanding at their level.

115.216(c)
Policy 14-2 CC states," Residents will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations."

CCTC has access to three staff who are bilingual in English and Spanish. If an interpreter is needed, the facility has an agreement with North American Master Services to received tele-interpreter services.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

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

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

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

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

115.217 (b)

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

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

115.217 (c)

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

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

115.217 (d)

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

115.217 (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 residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

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

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

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.217(a) (b) (c)

Policy 14-2 CC states, "To the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with residents, and decline to enlist the services of any contractor, who may have contact with residents, who:

a. 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);
b. 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);
c. Has been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.b."

Policy 14-2 CC states, "Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with residents."

CCTC utilizes the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2-CC-H) when hiring or promoting staff. This form asks the following:

1) Have you ever engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility, or other institution?

2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or when the victim did not consent or was unable to consent?
3) Have you ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) above?
4) Has a substantiated allegation of sexual harassment ever been made against you?

Policy 14-2 CC states, “Before hiring new employees who may have contact with residents, CoreCivic shall:

i. Perform a criminal background records check; and

ii. Consistent with federal, state, and local law make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The 3-20-2B PREA Questionnaire for Prior Institutional Employers form shall be used to solicit such prior employment information.”

The agency and all facilities utilize the Prison Rape Elimination Act (PREA) Questionnaire for Prior Institutional Employers (3-20-2B.)

During the interview with Human Resources, she indicated CoreCivic reviews the application for each new hire. After their initial review, the file is sent to Human Resources. Human Resources sends the applicants information to the Colorado Department of Corrections for the background check. The Department of Corrections reviews the results of the background check and notifies the facility Human Resources staff if the person is appropriate for hiring.

She reported any applicant who has prior correctional employers listed on their application/resume, she has the applicant complete a Release of Information and this release, a Prison Rape Elimination Act (PREA) Questionnaire for Prior Institutional Employers, and a verification of former employment form are utilized to get any relevant information. She stated if there are any instances where the applicant was involved in sexual abuse or sexual harassment, they are not hired.

Pre-Audit documentation showed there had been 8 new staff hired or promoted in the past twelve months. Randomly selected files were selected by the auditor for review.

115.217(d)(e)
Policy 14-2 CC states, “CoreCivic in partnership with their oversight agencies, shall also perform a criminal background records check before enlisting the services of any unescorted contractor who may have contact with residents.”

Policy 14-2 CC states, “CoreCivic in partnership with their oversight agencies, shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors who may have contact with residents or have in place a system for otherwise capturing such information.”

Background checks are conducted on staff and contractors every five years. At the time of the onsite the facility did not have any contractors or volunteers authorized to enter the facility due to COVID.

To track when background checks are due, the dates of the checks are maintained on a spreadsheet. When someone is due to have a check, Human Resources staff contact the Colorado Department of Corrections to advise them a background check is needed. The Colorado Department of Corrections returns a memo stating the person either meets or does not meet the requirements for community corrections employment.

115.217(f)
Policy 14-2 CC states, "All applicants and employees who may have direct contact with residents shall be asked about previous misconduct, as outlined above in B.1.a.-c., in written applications and in any interviews or written self-evaluations conducted as part of reviews of current employees."

CCTC utilizes the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2-CC-H) during each annual review. This form asks the following:

1) Have you ever engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility, or other institution?
2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or when the victim did not consent or was unable to consent?
3) Have you ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) above?
4) Has a substantiated allegation of sexual harassment ever been made against you?

115.217(g)
Policy 14-2 CC states, "To the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information."

115.217(h)
Policy 14-2 CC states, "Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work."

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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 residents 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

115.218 (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 residents 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*)

Instructions for Overall Compliance Determination Narrative

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

115.218 (a)(b)
Policy 14-2 CC states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations." It also states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations."

CCTC has not undergone any changes to the physical plant or video monitoring technology for the applicable time frame.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

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

115.221 (c)

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

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

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

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

115.221 (d)

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

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

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

115.221 (e)

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

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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115.221(a) (b)

Policy 14-2 CC states, “The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” It also states, “The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the 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.”

Criminal Investigations which occur in the facility would be investigated by Arapahoe County Sheriff’s Department. The facility attempted to enter into an MOU with them but it was declined by the Sheriff’s Department due to federal and state law that require them to investigate any and all crimes.

115.221(c)
Policy 14-2 CC states, “The victims of sexual abuse will be offered access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs.”

Included in the pre-audit questionnaire is a MOU with St. Anthony North Neighborhood Health Center. Per the language of the MOU, St. Anthony North Neighborhood Health Center will provide forensic medical examinations to victims of sexual abuse. These examinations will be performed either by a SAFE, SANE, or other qualified medical practitioners. According to the agreement, these services will be conducted without financial cost to the resident. St. Anthony North Neighborhood Health Center will also allow for a victim advocate to accompany and support the victim through the exam and investigatory interviews. They will also provide information on access to emergency contraception and sexually transmitted infection prophylaxis, sexually transmitted infection testing, pregnancy testing, and information about and access to all lawful pregnancy related services.

115.221(d) (e)
Policy 14-2 CC states, “The facility shall attempt to make available, to the victim, a victim advocate from a rape crisis center. A rape crisis center that is part of a governmental unit may be used as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services.

1. If a rape crisis center is not available to provide victim advocate services, the facility shall make available a qualified staff member from a community-based organization, or a qualified investigating entity staff member, to provide these services.
2. The facility shall document efforts to secure services from rape crisis centers.”

Policy 14-2 CC also states, “As requested by the victim, either the victim advocate, a qualified community-based organization staff member, or a qualified facility staff person shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.”

Included with the pre-audit questionnaire information was a MOU with The Blue Bench. In the terms of the agreement, The Blue Bench agrees to provide immediate advocacy, support, and crisis intervention to residents through a hotline number; have a qualified advocate respond in person to the facility or other location as requested to provide additional advocacy, emotional support, and information to victims; inform the victim of the option for a victim advocate to be present during the medical examination and investigative interviews; answer victim’s questions about the medical forensic exam

and accompany the victim during the exam if desired; and communicate any questions or concerns to the PREA Compliance Manager.

115.221(f)
Policy 14-2 CC states, "If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity (i.e. state or local law enforcement, contracting agency, etc.) comply with these requirements."

Criminal Investigations which occur in the facility would be investigated by Arapahoe County Sheriff's Department. The facility attempted to enter into an MOU with them but it was declined by the Sheriff's Department due to federal and state law that require them to investigate any and all crimes.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

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

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

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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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115.222(a)
Policy 14-2 CC states, "The Administrator/Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment." It also states, "If the contracting governmental agency utilizes an internal investigative process required by contract, law, or regulation, that agency's investigative process will be invoked for allegations of sexual abuse. At this facility, additional contracting agency requirements pertaining to the investigation of rape, sexual assault, or employee on resident sexual misconduct are: Department of Criminal Justice and Adams County Community Center Board."

Included in the pre-audit questionnaire was documentation showing there were no allegations during the audit period at this facility.

Interviews with the residents and staff indicate there are not allegations that are unknown or where not reported to the auditor.

115.222(b)
Policy 14-2 CC states, "The PREA Compliance Manager, Administrator/Director or designee shall immediately report all allegations of rape, sexual assault, or employee on resident sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation would be considered a criminal act under federal, state, or local law. The reporting party should request guidance from the law enforcement agency(ies) in preserving the crime scene and coordinating an investigation"

All allegations of sexual abuse occurring within the facility would be reported to the Arapahoe County Sheriff's Department. While there is not an MOU in place, the facility lies within Arapahoe County and all criminal acts would fall under their jurisdiction for investigation.

115.222(c)

Policy 14-2 CC states, “Discussions with state or local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator.”

During the interview with the facility investigator who would conduct administrative investigations, she indicated evidence collection and items such as that would be left to the Arapahoe County Sheriff’s Department if it was known it was a criminal act at the time the report was received. Facility staff would work to preserve all evidence including preserving the crime scene, requesting the victim not take any actions that could destroy evidence, and ensuring the perpetrator does not do anything to destroy evidence.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

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

115.231 (b)

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

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

115.231 (c)

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

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

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

115.231 (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*)

Instructions for Overall Compliance Determination Narrative

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115.231(a)
Policy 14-2 CC states, "All CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment."

The facilitator guide for “PREA Overview” was included in the pre-audit questionnaire documents. The facilitator guide lists the program training as a two-hour class. The modules are as follows:

- Zero Tolerance
- Fulfilling Responsibilities
- Inmate/Detainee and Employee Rights
- Dynamics in Confinement
- Common Reactions of Victims
- Avoiding Inappropriate Relationships
- Communication
- Reporting to Outside Agencies

In addition to the facilitator guide, the auditor was provided with the roster for all facility staff and when they completed the PREA Overview in 2019. All staff attending the training is required to sign the staff policy training acknowledgement form. By policy, PREA training is held for all staff on a yearly basis which exceeds the requirement of training every two years.

115.231(b)
Policy 14-2 CC states, “Such training shall be tailored to the gender of the residents at the facility.”

In reviewing the facilitator guide for the “PREA Overview” course, it is evident the content covers working with both male and female residents. There are note taking sections within the staff workbooks that cover the different dynamics of abuse in confinement settings. The training content is very comprehensive covering all required areas of this standard.

115.231(c)
Policy 14-2 CC states, “At a minimum, all employees shall receive pre-service and annual in-service training on the following:

The PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody;

1) An employee's duty to report any occurrence of sexual harassment or sexual abuse;
2) How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
3) The right of residents to be free from sexual abuse and sexual harassment;
4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5) The dynamics of sexual abuse and sexual harassment in confinement;
6) Locations, situations, and circumstances in which sexual abuse may occur;
7) The common reactions of sexual abuse and sexual harassment victims;
8) Signs of victimization;
9) How to detect and respond to signs of threatened and actual sexual abuse;
10) How to avoid inappropriate relationships with residents;
11) How to communicate effectively and professionally with residents, including LGBTI and Gender Non-Conforming residents; and
12) How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities.

All employees of CCTC receive training at the time of hire and also annually. Staff policy training acknowledgment forms were reviewed by the auditor. These records show compliance with the yearly training requirement.

115.231(d)
CCTC utilizes both the Training Activity Enrollment/Attendance Roster and the CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement form. The roster is a generic form which captures the attendance of all participants, the class title, the hours of training, and the instructor. The acknowledgement form requires a more comprehensive acknowledgement. The staff are required to sign a PREA Policy Acknowledgement and a PREA Training Acknowledgement.

The training acknowledgement states, "I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee/volunteer/contractor, it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, my supervisor, the Learning and Development Manager, or the PREA Compliance Manager."

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? ☒ Yes ☐ No

115.232 (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*)

Instructions for Overall Compliance Determination Narrative

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

Policy 14-2 CC states, "All volunteers/contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy."

The facility provided the facilitator guide for the "PREA Overview" course. This comprehensive training course covers all the requirements of standard 115.231 so would be in compliance with standard 115.232.

115.232(b)
Policy 14-2 CC states, "The level and type of training provided to volunteers/contractors shall be based on the services they provide and level of contact they have with residents. All volunteers/contractors who have contact with residents shall be notified of the CoreCivic zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents."

Included in the pre-audit documentation is a copy of the Zero-Tolerance Policy-Prohibited Sexual Behaviors form. This form outlines what the prohibited acts are, what to do if information is received, corrective action for contractors and volunteers who engage in sexual behavior, and how to avoid inappropriate relationships. This form is read, signed, dated, and witnessed. In addition, contractors and volunteers who are unescorted attend annual training within the facility.

115.232(c)
Policy 14-2 CC states, "Volunteers/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the volunteer or contractor's file."

Included in the documentation received prior to the onsite portion of the audit is an acknowledgement form signed by a civilian/contractor.

Standard 115.233: Resident education

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

115.233 (a)

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

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

- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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115.233(a)(d)
Policy 14-2 CC states, "During the initial intake process, all residents shall be provided with written information (e.g. resident handbook, 14-2AA-CC Preventing Sexual Abuse brochure, etc.) that includes but is not limited to the following topics:

1) CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2) How to safely report incidents, threats or suspicions of sexual abuse or sexual harassment;
3) A resident's right to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents; and
4) Policy and procedures regarding sexual abuse prevention/intervention."

Policy 14-2 CC states, "The facility shall maintain documentation of resident participation in educational sessions pertaining to sexual abuse and sexual harassment."

CCTC provides each resident with a pamphlet created by CoreCivic. It is titled "Prison Rape Elimination Act: A Guide to the Prevention and Reporting of Sexual Misconduct." The pamphlet covers:

1) Prevention and Intervention
2) Confidential Support Services
3) Seeking Relief for Retaliation
4) Disciplinary Actions for Making Bad Faith Allegations
5) Definitions of Prohibited Acts
6) Reporting and Confidentiality
7) Treatment and Counseling

This pamphlet is available in English and Spanish.

In addition, the residents view PREA Client Education which was developed by the Colorado Department of Corrections in 2013.

Each resident signs and dates a PREA Advisement form as well as a Prison Rape Elimination Act Orientation Information sheet.

During the onsite portion of the audit, the residents interviewed were all able to articulate what PREA was, what types of actions are prohibited, as well as how to get assistance if it would be needed.

115.233(b)
Policy 14-2 CC states, "Refresher information will be provided to residents who have been received after having been transferred from another facility."

Regardless of how a resident ends up at CCTC, they are all put through the same intake process covering the same information.

115.233(c)
Policy 14-2 CC states, “Residents will be provided education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.”

Included in the resident handbook is information pertaining to the requirements of this standard. Those that are visually impaired or have limited reading skills will be read the information by a staff member. Those that are hearing impaired have access to all content through written format.

115.233(e)
Policy 14-2 CC states, “In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.”

During the onsite tour, many posters and all relevant PREA information was observed to be posted throughout the facility.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
  ☒ Yes ☐ No ☐ NA

115.234 (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 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
  ☒ Yes ☐ No ☐ NA

115.234 (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 115.221(a).)
  ☒ Yes ☐ No ☐ NA

115.234 (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*)

Instructions for Overall Compliance Determination Narrative

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115.234(a)(b)(c)
Policy 14-2 CC states, "In addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings."

Policy 14-2 CC states, "Specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."

Policy 14-2 CC states, "Documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies."

CCTC investigators utilize the National Institute of Corrections “PREA: Investigating Sexual Abuse in a Confinement Setting” training curriculum. This curriculum was developed by The Moss Group. The investigator for the facility completed this training in August 2020.

During the interview with the staff person who would conduct administrative investigations within the facility, she was able to articulate all relevant information from the training. She indicated if the alleged abuser or victim were to leave the facility while the investigation was still pending, she would continue and process everything as far as she was able to. For criminal investigation, she would be the point of contact for the criminal investigator.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

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

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

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

115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
  ☐ Yes ☐ No ☒ NA

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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CCTC does not have any medical or behavioral health staff they employee.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No

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

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

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

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

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

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

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

115.241 (e)

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

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

- In assessing residents 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? ☒ Yes ☐ No

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

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

115.241 (h)

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

115.241 (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 resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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115.241(a)(b)
Policy 14-2 CC states, "Within twenty-four (24) hours of arrival at the facility, and upon transfer from another facility, residents shall be screened by staff assigned to conduct the initial intake screening process in order to obtain information relevant to housing, cell, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization."

After the onsite portion of the audit, 16 random resident files were reviewed. The initial screening for PREA is conducted within the first 24 hours after each resident was admitted to the facility. In conversations with staff at the facility, they indicated the assessment is completed as soon as possible because it helps to decide where the resident can be housed within the facility.

115.241(c)(d)(e)
TCCTC utilizes the Sexual Abuse Screening Tool for all intake assessments. This is an objective screening tool which assesses the resident's risk as a victim and as a perpetrator. This screening is utilized to make the initial decision on housing within the facility.

115.241(f)
Policy 14-2 CC states, "Within thirty (30) days of the resident's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening."

During the onsite portion of the audit, the auditor requested to receive copies of the initial, 30 day, and all other assessments that had been completed on each of the 16 residents who had been interviewed. One of the residents had not been at the facility for 30 days so only the assessment that was completed at intake was available. The 30-day assessments were completed within a timely manner and included all relevant information.

115.241(g)
Policy 14-2 CC states, "When warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness."

At the time of the onsite audit, there had not been any cases where a reassessment was warranted outside of the requirements of the standard.

115.241(h)
Policy 14-2 CC states, “Residents may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked pursuant to the following:

1) Whether the resident has a mental, physical, or developmental disability;
2) Whether the resident is, or is perceived to be, LGBTI or Gender Non-Conforming;
3) Whether the resident has previously experienced sexual victimization; or
4) The resident's own perception of vulnerability.

During staff interviews, all indicated, if the resident refused to answer, they would document the refusal and there would be no discipline.

115.241(i)
Policy 14-2 CC states, “Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked in order to ensure that sensitive information is not exploited by employees or other residents to the resident's detriment.”

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

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

115.242 (c)

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

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing:

intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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115.242(a)
Policy 14-2 CC states, "Within twenty-four (24) hours of arrival at the facility, and upon transfer from another facility, residents shall be screened by staff assigned to conduct the initial intake screening process in order to obtain information relevant to housing, cell, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization."

Onsite observations show the facility utilizes the screening ratings to assess all areas required by this standard. The majority of the residents work offsite and, those who are assigned jobs at the facility, are not assigned to any position that may put them in the position to be abused or an abuser.

115.242(b)
The facility looks at each resident individually when making determinations about housing. The case managers complete the assessments on the residents as they come into the facility. The assessments are completed one-on-one to ensure privacy and to promote open communication.

115.242(c)(d)(e)(f)
Policy 14-2 CC states, "In deciding whether to house a transgender or intersex resident in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such residents, the facility shall consider the transgender or intersex resident's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the resident's health and safety. Consideration should also be given as to whether the placement would present management or security problems. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The establishment of a unit or pod solely dedicated to the housing of LGBTI and/or Gender Non-Conforming residents is

strictly prohibited unless required by consent decree, legal settlement, or legal judgment for the purpose of protecting that resident."

While onsite, there was one transgender female who was housed at the facility. She was housed in a room closest to the security monitor's desk and administrative area. This room is used to house those who may have physical disabilities as it is close to the monitor desk as well as the dining area of the facility. Administration indicated placement in this room allows for staff to be in close proximity.

While interviewing the resident, she reported feeling safe at the facility. She confirmed she was asked if she would like to shower separately from the other residents and declined.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

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

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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115.251(a)(b)

Policy 14-2 CC states, "Residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods:

1) Calling the facility twenty-four (24) hour toll-free notification telephone number;
2) Verbally telling any employee;
3) Forwarding a letter, sealed and marked "confidential", to the Administrator/Director or any other employee;
4) Calling or writing someone outside the facility who can notify facility staff;
5) Forwarding a letter to the FSC PREA Coordinator at the following address:
   Burton Hills Boulevard
   Nashville, TN 37215
6) Electronically report allegations of sexual abuse and harassment to any department listed in the C-ORES system as a contact.
7) AT THIS FACILITY, ADDITIONAL RESIDENT REPORTING METHODS REQUIRED BY THE CONTRACTING AGENCY ARE:

DOC TIPS LINE AT 1-877-DOC-TIPS-0 OR 1-877-362-8477-0

The residents are also able to directly contact the Arapahoe County Sheriff's Department through writing or directly call emergency services by calling 911.

At intake, the residents are provided with a pamphlet called “A Guide to the Prevention and Reporting of Sexual Misconduct.” In the pamphlet, the residents have direct access to the phone number for reporting. In addition, the Resident Handbook also has the information regarding how to make a report inside and outside of the facility.

During resident interviews, they were all able to articulate a minimum of two ways to make a report. The majority of the residents indicated they would report directly to the staff.

115.251(c)
Policy 14-2 CC states, “Employees must take all allegations of sexual abuse and harassment seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.”

During staff interviews, all staff indicated they would accept reports no matter what method was utilized to report. Each staff person indicated they would not require a written report in order to move an allegation forward.

115.251(d)
Policy 14-2 CC states, “Employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked “confidential”, to the facility Administrator/Director, or contact the CoreCivic ethics and compliance hotline.”

CoreCivic has “The Ethics Line” available 24/7 for all staff. Staff may make reports using this service either over the phone or online at www.corecivic.ethicspoint.com. This option gives staff the option to either give their name or not.

During staff interviews, the staff indicated they would report to facility administration. The auditor posed a scenario where the alleged perpetrator was the facility director to see what reporting option the staff would utilize. The majority of staff still indicated they would report to the director but, when faced with a scenario where she was involved also, they indicated they would next use The Ethics Line which is operated by CoreCivic.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.252 (c)

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

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

115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

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

115.252 (f)

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

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

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

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

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

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

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.252(a)

Policy PD-040 states, "Grievances regarding allegations of prohibited sexual behavior

a. There is no imposed time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
b. A resident is not required to use any informal grievance process, or to otherwise attempt to resolve with staff, any alleged incident of sexual abuse.
c. Nothing in this section shall restrict the facility's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.
d. The facility shall ensure that-
    i. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and
    ii. Such grievance is not referred to a staff member who is the subject of the complaint.
e. CoreCivic shall issue a final facility decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
    i. Computation of the 90-day time period should not include time consumed by residents in preparing any administrative appeal.
    ii. CoreCivic may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The facility shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
    iii. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response a denial at that level.
    iv. Third parties, including fellow residents, staff members, facility members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
    v. If a third-party file such a request on behalf of a resident, 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 process.
    vi. If the resident declines to have the request processed on his or her behalf, the facility shall document the resident's decision.
    vii. After receiving an emergency grievance alleging a resident is subject to substantial risk of imminent sexual abuse, stall shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to Administration by which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final facility decision within 5 calendar days. The initial response and final facility decision shall document the facility's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

viii. CoreCivic may discipline a resident for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the resident filed the grievance in bad faith."

During the reporting period for this audit, the facility did not have any grievances alleging sexual abuse.

During the onsite portion of the audit, the auditor formally interviewed 16 residents of the facility as well as talked with some of the residents while doing the walk through. There were no indications of grievances that had not been reported to the auditor.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

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

115.253 (b)

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

115.253 (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 residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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115.253(a)
Policy 14-2 CC states, "Residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Resident Handbook. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible."

There is information posted throughout the facility, in the resident handbook, and in the pamphlet provided at intake giving the residents the needed phone numbers and addresses for reporting.

115.253(b)
Policy 14-2 CC states, "Residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

CCTC does not monitor or record any facility phones. This information is posted on all posters. This section is not applicable for the facility.

115.253(c)
Policy 14-2 CC states, "CoreCivic shall maintain or attempt to enter into Memorandums of Understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse."

Included with the pre-audit questionnaire information was a MOU with The Blue Bench. In the terms of the agreement, The Blue Bench agrees to provide immediate advocacy, support, and crisis intervention to residents through a hotline number; have a qualified advocate respond in person to the facility or other location as requested to provide additional advocacy, emotional support, and information to victims; inform the victim of the option for a victim advocate to be present during the medical examination and investigative interviews; answer victim's questions about the medical forensic exam and accompany the victim during the exam if desired; and communicate any questions or concerns to the PREA Compliance Manager.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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115.254 (a)
Policy 14-2 CC states, "Each facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall post this information on the CoreCivic website."

The facility has provided public access through their website to the CoreCivic 24-hour Ethics line, the DOC TIPS Line, the facility phone number.

The facility has not received any third-party reports during the reporting period.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☐ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☐ Yes ☐ No

115.261 (b)

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

115.261 (c)

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

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

115.261 (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

115.261 (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*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.261(a)
Policy 14-2 CC states, “All employees are required to immediately report:

1) Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic's management authority;
2) Retaliation against residents or employees who have reported such an incident; and
3) Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. (115.261 (a))

Employees who fail to report allegations may be subject to disciplinary action.”

During staff interviews, all staff were aware of and able to articulate their duty to report any knowledge, suspicion, and information pertaining to actual or suspected abuse and harassment as well as retaliation against those who have made a report.

115.261(b)(e)
Policy 14-2 CC states, “Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. At this facility, the designated state and/or local reporting agency are: The director or administrative duty officer will notify the Bureau of Prisons Regional Reentry Manager (RRM) and Tucson Police Department. Any additional reporting will be at the discretion of the Bureau of Prison RRM or designee.”

During staff interviews, all staff reported they would immediately notify the Director of all information they received and document the notification. The Director is the trained investigator. The staff stated they would not share the information with anyone else except as necessary. Examples given as necessity would be giving the minimal information necessary to a coworker to help secure the facility and participants in the alleged act.

115.261(c)
Policy 14-2 CC states, “Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined above in L.2.a. At the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality.”

The facility does not employ medical or mental health professionals. This section is not applicable.

115.261(d)
Policy 14-2 CC states, “If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.”

CCTC does not house anyone under the age of 18 years old.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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115.262(a)
Policy 14-2 CC states, "CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be tolerated; to include resident-on-resident sexual abuse or harassment and employee-on-resident sexual abuse or harassment. When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident."

The facility provides each staff person with a First Responder Duties card. This card is carried on the staff and outlines the steps a first responder must take in the event of an allegation of sexual abuse or sexual harassment. In addition, there is a manual at the main desk containing all of the needed PREA information.

During interviews with staff, the auditor used a scenario of being a resident who just came to the staff person and reported she had just been sexually assaulted. Each staff person was able to articulate their responsibilities in terms of scene and evidence preservation, contacting staff for additional staff as needed, reporting to the supervisor on duty.

The pre-audit questionnaire reported there have not been any instances where a resident was determined to be at substantial risk of imminent sexual abuse during the past 12 months.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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115.263(a)(b)(c)
Policy 14-2 CC states, **"**The Administrator/Director that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.

Determine whether the allegation was reported and investigated.

1) If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur.

2) If the allegation was not reported or not investigated, a copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.

All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation."

The documentation provided by the facility shows that there were no allegations reported by any CCTC residents that needed to be forwarded to another institution.

115.263(d)
Policy 14-2 CC states, "If an allegation is received from another facility, the Administrator/Director will ensure the allegation is investigated."

As of the date of the audit, the facility has not received an allegation from another facility.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.264 (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

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115.264(a)
Policy 14-2 CC states, "Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:

1) The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to a private area.
2) While in the private area, and if the abuse occurred within a time frame that allows for the collection of physical evidence, employees shall, to the best of their ability, request that the victim does not wash, shower, remove clothing, use the restroom facilities, eat, drink, smoke, or brush his/her teeth. The highest-ranking authority onsite is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.
3) The highest-ranking authority onsite is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.
4) When the alleged perpetrator is a resident, he/she is secured in a separate area in the event evidence collection is required.
5) If the abuse occurred within a time frame that allows for the collection of physical evidence, the alleged perpetrator is not allowed to wash, shower, brush his/her teeth, use the restroom facilities, change clothes, smoke, or eat and drink while secured in restrictive housing in a single cell (if available).
6) All acquired information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know.

CCTC has not received any allegations of sexual abuse and sexual harassment requiring for the separation of the abuser from the victim or preservation of or protection of any crime scene or physical evidence.

115.264(b)
Policy 14-2 CC states, "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff."

All staff, regardless of role, are trained in all the requirements of PREA. Each staff person interviewed was able to articulate the steps of the coordinated response utilized by the facility.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.265(a)

Policy 14-2 CC states,

1) "Employee Reporting Duties
    a. Employees must take all allegations of sexual abuse and harassment seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigator. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental.
        i. All employees are required to immediately report:
            1. Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic's management authority;
            2. Retaliation against residents or employees who have reported such an incident; and
            3. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

b. Employees who fail to report allegations may be subject to disciplinary action.
c. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.
d. Employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked "confidential", to the facility Administrator/Director, or contact the CoreCivic ethics and compliance hotline.
e. Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined above in L.2.a. At the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality.
f. If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.

AT THIS FACILITY, THE DESIGNATED STATE AND/OR LOCAL REPORTING AGENCY (IES) ARE:

ARAPAHOE COUNTY COMMUNITY CORRECTIONS BOARD

COLORADO DIVISION OF CRIMINAL JUSTICE

ARAPAHOE COUNTY PROBATION (DIVERSION RESIDENTS)

COLORADO DEPARTMENT OF CORRECTIONS (TRANSITION AND PAROLE RESIDENTS)

1) Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:
   a. The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to a private area.
   b. While in the private area, and if the abuse occurred within a time frame that allows for the collection of physical evidence, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing, use the restroom facilities, eat, drink, smoke, or brush his/her teeth. The highest ranking authority onsite is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.
   c. When the alleged perpetrator is a resident, he/she is secured in a separate area in the event evidence collection is required.
   d. All acquired information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know.
   e. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.
   f. An incident statement is written in accordance with CoreCivic Policy 5-1 Incident Reporting.
2) Upon notification of alleged sexual abuse, the highest ranking authority onsite shall ensure that the following actions are accomplished:
   a. If the abuse occurred within a time frame that allows for the collection of physical evidence, the alleged perpetrator is not allowed to wash, shower, brush his/her teeth, use the restroom

facilities, change clothes, smoke, or eat and drink while secured in restrictive housing in a single cell (if available).

b. The PREA Compliance Manager and the Administrator/Director or ADO are immediately notified of the allegation.
c. While in the private area, a brief statement is obtained from the alleged victim concerning the incident.
    a. Based upon the alleged victim's statement regarding the location and time of the incident, ensure any crime scene is preserved. These actions shall include the following:
    b. Sealing access to the immediate area of the scene, if possible;
    c. Photographing the scene and visible evidence at the scene (e.g. tissue or blood); and
    d. Securing any available recorded video footage of the affected area.

3) If the allegation involves events that took place while the alleged victim was not in CCA custody (e.g. while housed at another provider's facility), the following actions shall be taken:
    a. The Administrator/Director that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. (115.263 (a)(b))
    b. Determine whether the allegation was reported and investigated.
        i. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur. (115.263 (c))
        ii. If the allegation was not reported or not investigated, a copy of the statement of the inmate/resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.
    c. All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation. (115.263 (c))
    d. If an allegation is received from another facility, the Administrator/Director will ensure the allegation is investigated. (115.263 (d))

4) The PREA Compliance Manager, Administrator/Director, or Administrative Duty Officer will ensure that the following is completed:
    a. The PREA Compliance Manager, Administrator/Director or designee shall immediately report all allegations of rape, sexual assault, or employee on resident sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation would be considered a criminal act under federal, state, or local law. The reporting party should request guidance from the law enforcement agency(ies) in preserving the crime scene and coordinating an investigation.

    AT THIS FACILITY, SUCH ALLEGATIONS ARE REPORTED TO THE FOLLOWING LAW ENFORCEMENT/GOVERNMENTAL ENTITY:

    ARAPAHOE COUNTY SHERIFF'S DEPARTMENT

    b. Ensure the alleged perpetrator is separated from the other residents when possible, pending an investigation into the allegation. Ensure the alleged victim is separated/isolated from the alleged perpetrator until completion of the investigation.

c. If the allegation involves an employee, ensure steps are taken to place this person in a non-resident contact role.
d. Notify the applicable contracting governmental correctional agency.
e. Ensure that medical and mental health referrals are completed.
f. Ensure that an investigation is initiated and documented; however, investigations into allegations of sexual abuse must be investigated by an employee who has received training in the investigation of sexual abuse cases.
g. Review any video recordings of the alleged crime scene from the time period implicated by the allegation. Ensure all video recordings are secured and preserved from the time period implicated by the allegation.

5) A preliminary review of the incident and the facility's response shall be conducted forty-eight (48) to seventy-two (72) hours following a reportable PREA incident. The review will be convened by the CCA Managing Director.
    a. Participants will include the facility PREA Compliance Manager, Administrator/Director, CCA Managing Director, and/or the FSC PREA Coordinator, and FSC PREA committee members, as available.
    b. At a minimum, the review shall include:
        i. Discussion of the incident, and whether the incident response meets applicable standards;
        ii. Appropriate categorization of the incident report;
        iii. Completion of required notifications;
        iv. A request for law enforcement involvement (if appropriate); and
        v. Whether employee actions or failures to act contributed to the sexual abuse.

CCTC does not have facility medical or mental health staff. All other staff have been trained in the appropriate response protocols for allegations.

All staff, regardless of role, are trained in all the requirements of PREA. Each staff person interviewed was able to articulate the steps of the coordinated response utilized by the facility.

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

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

115.266 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes ☒ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

CCTC does not participate in collective bargaining. Colorado is an at will state.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

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

115.267 (b)

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

115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

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

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

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

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

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

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

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

115.267 (d)

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

115.267 (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

115.267 (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*)

Instructions for Overall Compliance Determination Narrative

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115.267(a)(b)(c)(d)(e)
At CCTC, the facility director serves as the PREA Compliance Manager.

Per Policy 14-2 CC, the PREA Compliance Manager will:
"Ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against residents or employees. This shall include periodic status checks of residents and review of relevant documentation. If an allegation is determined to be unfounded, retaliation monitoring will no longer be required.

1) Monitoring shall be documented on the 14-2D-CC, PREA Retaliation Monitoring Report (30/60/90) form.
2) Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need.
   a. Ensure prompt actions are taken to remedy any identified retaliation.
   b. Ensure any other individual who cooperates with an investigation and expresses fear of retaliation is protected from retaliation.

CCTC has not had any allegations during the reporting period.

CoreCivic utilizes the PREA Retaliation Monitoring Report (30/60/90) for tracking retaliation monitoring. The director indicated as part of retaliation monitoring, she would meet with the resident periodically and look for disciplinary reports or house moves that may indicate retaliation. She reported she would monitor for a minimum of 90 days but may continue to monitor throughout their placement if it would be necessary.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

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

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

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

115.271 (d)

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

115.271 (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 resident or staff? ☒ Yes ☐ No

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

115.271 (f)

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

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (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 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.271(a)
Policy 14-2 CC states, "It is CoreCivic's policy to aggressively investigate all allegations, regardless of source, and prosecute those who are involved in incidents of sexual abuse. Alleged victims of sexual abuse will be provided a supportive and protective environment."

During the reporting period for this audit, CCTC has not received any allegations.

115.271(b)
Policy 14-2 CC states, "In addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PREA Compliance Manager shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g., leave, paid time off, sickness, offsite training, etc.) from work.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."

CCTC utilizes the National Institute of Corrections course "PREA: Your Role Responding to Sexual Abuse."

The facility currently has one investigator who is trained to conduct administrative investigations. During the interview, she articulated all information required throughout this standard. All criminal investigations are referred to the Arapahoe County Sheriff's Department.

Recommendation:
Policy 14-2 CC states each facility will have more than one staff trained to conduct these investigations. It is recommended the facility train a second staff person to conduct these investigations to cover for time off or other circumstances.

115.271(c)
Criminal investigations, to include evidence collection and preservation, are conducted by trained investigators at the Arapahoe County Sheriff's Department.

115.271(d)
CCTC utilizes the Arapahoe County Sheriff's to investigate any allegation that is potentially criminal. This substandard is not applicable.

115.271(e)

Policy 14-2 CC states, “Reasoning behind credibility assessments (i.e., why is the person deemed credible or not credible. Credibility shall be assessed on an individual basis and shall not be determined by the persons’ status as a resident or employee.)”

Interviews with the investigator indicated she would never require a polygraph examination to proceed with an investigation. Each allegation is treated as credible until evidence proves otherwise.

115.271(f)
Policy 14-2 CC states, “The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report (or designated equivalent) agency via the 5-1 IRD (where applicable) and shall detail the following components:

1) Investigative facts (i.e., specific details about what actually happened);
2) Physical evidence (e.g., clothes collected, medical evidence, etc.);
3) Testimonial evidence (e.g., witness statements);
4) Reasoning behind credibility assessments (i.e., why is the person deemed credible or not credible. Credibility shall be assessed on an individual basis and shall not be determined by the person's status as a resident or employee.);
5) Investigative findings (i.e., discovery or outcome of the investigation); and
6) Whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the conclusion.

CCTC has not had any allegations within the reporting period. During the interview with the investigator, she indicated she would investigate all facets of the situation to make an appropriate finding.

115.271(g)
This provision is not applicable as the facility does not ever conduct criminal investigations.

115.271(h)(i)(j)
CCTC would maintain all documentation pertaining to investigations. During the reporting period for this audit, there were no allegations.

115.271(l)
Policy 14-2 CC states, “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

During the interview with the investigator, she indicated if there was a criminal allegation, she would maintain contact with the criminal investigator to assist in any way needed but also to stay abreast of the status of the investigation.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (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*)

Instructions for Overall Compliance Determination Narrative

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

115.272 (a)
Policy 14-2 CC states, "In any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place."

CCTC did not have any investigations during the reporting period. During the interview with the investigator, she indicated she would be looking for a preponderance of evidence to make her finding.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

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

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

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

115.273 (d)

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

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

115.273 (e)

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

115.273 (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*)

Instructions for Overall Compliance Determination Narrative

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

115.273(a)(b)(c)(d)(e)

Policy 14-2 CC states, "Following an investigation into a resident's allegation that he/she suffered sexual abuse at the facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident."

Policy 14-2 CC states, "Following a resident's allegation that an employee has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever:

1) The employee is no longer posted within the resident's unit as a result of the findings of the investigation;
2) The employee is no longer employed at the facility;
3) The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or
4) The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility."

Policy 14-2 CC states, "Following a resident's allegation that he/she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:

1) The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2) The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

Policy 14-2 CC states, "All resident notifications or attempted notifications shall be documented on the 14-2E-CC Resident Allegation Status Notification. The resident shall sign the 14-2E-CC, verifying that such notification has been received. The signed 14-2E- CC shall be filed in the resident's institutional file."

The facility has a form and a protocol in place to complete the notification. CCTC has not had any allegations so has not used this protocol during the reporting period.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.276(a)(b)(c)(d)
Policy 14-2 CC states,
"Employees

a. Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. (115.276 (a)(b))
b. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. (115.276 (c))
c. All terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. (115.276 (d))"

The above policy outlines all the requirements of this standard. The facility has not had any allegations against staff for the reporting period.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (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 residents? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

115.277(a)(b)
Policy 14-2 CC states, "Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions."

CCTC has not had any allegations during the reporting period against a contractor or volunteer.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (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 resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.278(a)(b)(c)(d)(e)(f)(g)
Policy 14-2 CC states,
"Substantiated Incidents

a. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engages in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. (115.278 (a))
b. Because the burden of proof is substantially easier to prove in a resident's disciplinary case than in a criminal prosecution, a resident may be institutionally disciplined even though law enforcement officials decline to prosecute.

c. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. (115.278 (b))
d. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. (115.278 (c))
e. A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. (115.278 (e))
f. All sexual activity between residents is prohibited in CoreCivic facilities and residents will be disciplined for engaging in such activity. Such activity, however, does not constitute sexual abuse if it is determined that it is not coerced. (155.278 (g))

Deliberate False Allegations

a. Residents who deliberately allege false claims of sexual abuse can be disciplined. For the purposes of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (115.278 (f))
b. The Administrator/Director or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution."

Disciplinary Sanctions

a. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. (115.278 (d))

While the facility has not had any resident-on-resident allegations or investigations into sexual abuse or sexual harassment, all documentation is compliant with this standard. If a resident was found to be an aggressor in an investigation into sexual abuse, they would be more than likely transferred out of the facility.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes ☐ No

115.282 (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 § 115.262? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident 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

115.282 (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*)

Instructions for Overall Compliance Determination Narrative

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

115.282(a)(b)(c)(d)
Policy 14-2 CC states the PREA Compliance Manager will, "Ensure that medical and mental health referrals are completed."

CCTC has a current MOU with the St. Anthony North Neighborhood Health Center. As part of this agreement, this agency will provide the residents with information pertaining to treatment for sexual assault and relevant medications that may be wanted or needed by the victim.

All medical treatment, to include a SANE/SAFE examination for the victim, would take place at the local hospital and The Blue Bench would assist with providing advocacy services for the victim if they elected advocacy.

Per a memo which was included in the pre-audit questionnaire, in the event of a medical emergency, sexual abuse, or sexual assault, staff will use emergency services transportation to get the resident to the hospital.

Standard 115.283: 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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

115.283(a)(b)(c)(d)(e)(f)(g)(h)
CCTC does not have medical or mental health staff employed by the agency.

CCTC has a current MOU with St. Anthony North Neighborhood Health Center. The agreement outlines that Denver Health Medical Center will provide forensic examination and treatment services without financial cost to the resident or the facility, will offer timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, and offer testing for sexually transmitted infections. All medical treatment, to include a SANE/SAFE examination for the victim, would take place at the local hospital and The Blue Bench would assist with providing advocacy services for the victim if they elected advocacy.

CCTC can make a referral for counseling within the facility when appropriate.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.286(a)(b)(c)(d)(e)

Policy 14-2 CC states,
"The Administrator/Director will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.

a. In addition to the Administrator/Director, the incident review team shall include upper-level facility management, with input from line supervisors, investigators, and medical or mental health practitioners (if available.)
b. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

The review teams shall:

a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;
c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse'
d. Assess the adequacy of staffing levels in that area during different shifts; and
e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

All finding and recommendations for improvement will be documented on the 14-2F-CC Sexual Abuse Incident Review Report. Completed 12-2F-CC forms will be forwarded to the Administrator/Director, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator.
The facility shall implement the recommendations for improvement or shall document reasons for not doing so."

During the reporting period, the facility did not have any allegations of sexual abuse, so no sexual abuse incident reviews were conducted.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.287(a)(b)(c)(d)(e)(f)
Policy 14-2 CC states,
"Internal: All case records associated with claims of sexual abuse, including incident reports, investigative reports, /resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the facility's record retention policies. (115.287 (d))
a. Allegation Tracking

1) Each facility will ensure that incidents of sexual abuse are entered into the IRD (where applicable) as required by CoreCivic Policy 5-1 Incident Reporting and 14-2BB-CC PREA 5-1 IRD Incident Reporting Definitions. (115.287 (a))
2) At least annually, CoreCivic shall aggregate the incident-based sexual abuse data. (115.287 (b))
3) The aggregated data will, at a minimum, include all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice. (115.287 (c))
4) Data collected for this purpose shall be securely stored and retained in accordance with the facility's record retention policies. (115.289 (a)) 2.

External:
a. Upon request, CoreCivic shall provide all data as outlined above in T.1.a.ii.-iii. for the previous calendar year to the Department of Justice no later than June 30 or as otherwise directed by that agency (115.287 (f))"

CCTC had no allegations for the reporting period.

The 2019 PREA Annual Report is a well written comprehensive document which compares and tracks all allegations in all CoreCivic facilities. The report contains a comparison of all allegation types considered under the PREA standards by year to include a percentage of the increase or decrease by allegation type. The annual report also lists each facility that was audited during that calendar year.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.288(a)(b)(c)(d)
Policy 14-2 CC states,

a. "The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include:

i. Identifying problem areas;
ii. Taking corrective action on an ongoing basis; and
iii. Preparing an annual report of findings and corrective actions for each facility, as well as CoreCivic as a whole. (115.288 (a)(1-3))

b. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of CoreCivic's progress in addressing sexual abuse. (115.288 (b))
c. CoreCivic's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through the CoreCivic website. (115.288 (c))
d. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. (115.288 (d))"

The 2019 PREA Annual Report is a well written comprehensive document which compares and tracks all allegations in all CoreCivic facilities. The report contains a comparison of all allegation types considered under the PREA standards by year to include a percentage of the increase or decrease by allegation type. The annual report also lists each facility that was audited during that calendar year.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? ☒ Yes ☐ No

115.289 (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

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

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

115.289(a)(b)(c)(d)
All data pertaining to the statistics of sexual abuse and sexual harassment at the agency level is maintained by the Senior Director of PREA Programs and Compliance. Once all information has been compiled, he ensures the annual report has been reviewed and is then posted on CoreCivic's website. The information can be found at www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea.

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.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Through discussions with the PREA Coordinator, the auditor learned the agency, CoreCivic, ensures that one-third of their facilities are audited each year and that the PREA Coordinator is charged with this responsibility.

The auditor observed all areas of the facility. The facility was very accommodating with all documentation requests. All information obtained and observed by the auditor supported the fact that inmates were permitted to send confidential correspondence to the auditor, although no correspondence was received.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Upon review of the agency website, the auditor confirmed that all PREA auditor reports, from all CoreCivic facilities, are posted publicly.

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 resident 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.

Maren Arbach 12/19/2021

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.